



# CARDIGANSHIRE COUNTY COUNCIL



## ANNUAL REPORT of the MEDICAL OFFICER OF HEALTH and PRINCIPAL SCHOOL MEDICAL OFFICER for the year 1967

I. MORGAN WATKIN, Ph.D. (Lond.), M.Sc., M.B., B.Ch., D.P.H (Wales)  
County Medical Officer,  
Principal School Medical Officer.

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## CARDIGANSHIRE COUNTY COUNCIL.

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Chairmen 1966-68—

Alderman D. H. JONES

Alderman E. J. THOMAS, O.B.E.

Councillor Mrs. G. E. JONES, J.P.

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### HEALTH COMMITTEE—

Chairman 1962-68—Councillor the Rev. T. PUGH JARMAN

and all Members of the Council plus

one representative of Mid Wales Hospital Management Committee and one representative of South West Wales Hospital Management Committee.

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### HEALTH ADVISORY COMMITTEE—

Chairman 1967/68—Councillor the Rev. T. PUGH JARMAN

plus the Chairman and Vice-Chairman of the Health Committee, Chairmen of the Finance and General Purposes, Welfare and Bryntirion House Committees, 29 Members of the Council, 1 representative of the Local Medical Committee, 1 representative of the South Wales and Monmouthshire Branch of the National Society for Mentally Handicapped Children, 1 Member of the Education Committee, Dr. S. G. Budd, Dr. Michael Craft and Dr. Sidney Davies.

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### BRYNTIRION HOUSE COMMITTEE—

Chairman 1967/68—Alderman W. M. DAVIES, J.P.

plus the Chairman and Vice-Chairman of the Health Committee, 9 Members of the Council, Mrs. D. E. B. Jones and Dr. Sidney Davies

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### COUNTY EDUCATION COMMITTEE—

Chairman 1961-68—Alderman W. M. DAVIES, J.P.

plus all Members of the County Council and 10 co-opted members

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There is no School Health Sub-Committee as such and all health questions are considered by the appropriate sub-committees of the Education Committee.

## Health Officers of the Authority.

County Medical Officer and Principal School Medical Officer ...	I. MORGAN WATKIN, Ph.D. (Lond.), M.Sc., M.B., B.Ch., D.P.H. (Wales).
Deputy County Medical Officer and Deputy Principal School Medical Officer ... ... ...	CLEMENT D. EDWARDS, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.I.H. (Eng.), D.P.H. (Eng.).
Assistant Medical Officers	GWEN BEVAN, B.Sc. (Wales), M.R.C.S. (Eng.) L.R.C.P. (Lond.). BERYL EVANS THOMAS, M.B., B.Ch. (Wales), D.C.H. (Lond.), D.P.H. (Lond.) (Resigned 30/6/67) W. J. ST. ERVYL-GLYNDWR RHYS, M.A. (Cantab.), B.Sc. (Wales), M.B., B.S. (Lond.), M.R.C.O.G., D.P.H. (Wales) ANN RHYS, M.B., B.Ch. (Wales), D.P.M. (Wales) (Commenced 3/7/67)
Principal School Dental Officer	W. D. PERCIVAL EVANS, J.P., L.D.S., R.C.S. (Eng.)
School Dental Officers ...	E. BYRON LLOYD, L.D.S., R.C.S. (Eng.). S. D. NEALE, L.D.S., B.D.S. (Birm.)
Chief Nursing Officer, Supervisor of Midwives and Chief Health Visitor	MRS. A. M. DUDLEY-THOMAS, S.R.N., S.C.M., T.B. CERT., H.V. CERT.
Deputy Chief Nursing Officer, Deputy Supervisor of Midwives and Deputy Chief Health Visitor ...	Miss A. E. DAVIES, S.R.N., S.C.M., H.V. CERT., Distr. Trained
Public Health Inspector ...	EVAN RICHARDS, A.A.L.P.A., M.R.S.I., CERT. S.I.B.
Psychiatric Social Worker	MRS. E. MAIR PIETTE, B.A. (Birm.), Cert. Mental Health (Lond.)
County Mental Welfare Officer	J. R. EVANS, C.S.W., Aberystwyth
District Mental Welfare Officers	T. ALUN EVANS, Aberaeron (part time) T. S. EVANS H. A. LLOYD W. J. MORRIS (part time)
Home Help Organiser	Miss M. G. REES
Assistant Home Help Organiser	Miss M. JONES
County Analyst ...	D. C. JENKINS, M.Sc., F.R.I.C., F.C.S.
County Ambulance Officer	J. C. BLAYNEY (Commander of the Order of St. John), F.I.A.O.
Health Visitors ... ... (each holding the H.V. Certificate of the Royal Sanitary Institute)	Miss D. M. DAVIES, J.P., S.R.N., S.C.M. Miss VALMAI DAVIES, S.R.N., S.C.M. Miss C. HUGHES EVANS, S.R.N., S.C.M. Mrs. MARY LEWIS, S.R.N., S.C.M. Miss D. J. MORGAN, S.R.N., S.C.M. Miss E. A. MORGAN, S.R.N., S.C.M. Miss N. MORGAN, S.R.N., S.C.M. Miss M. MORRIS, S.R.N., S.C.M. Mrs. S. E. MORRIS, S.R.N., S.C.M. Miss S. E. N. MORGAN, S.R.N., S.C.M. Mrs. E. A. V. Williams, S.R.N., S.C.M.

Orthopaedic Sister	...	Mrs. WINIFRED KOLCZAK, S.R.N., O.N.C.
District Nurse/Midwives	...	Nurse A. B. ATKINS, S.R.N., S.C.M., Aberaeron
		Nurse O. Barton, S.R.N., Distr. Trained (Temp. Relief) (Commenced 17/8/67)
		Nurse D. BEVAN, S.R.N., S.C.M., Llanfarian
		Nurse S. E. BOAST, S.R.N. (County Relief)
		Nurse G. E. BOORE, S.R.N., S.C.M., Llandysul
		Nurse M. BOWEN, S.R.N., S.C.M., Llangranog
		Nurse A. DAVIES, J.P., S.C.M., Henllan
		Nurse A. M. DAVIES, S.R.N., S.C.M. (County Relief)
		Nurse E. DAVIES, S.R.N., S.C.M., Llanarth
		Nurse E. H. DAVIES, S.R.N., S.C.M., Silian
		Nurse R. C. B. DAVIES, S.R.N., S.C.M., Llanwenog (Resigned 31/8/67)
		Nurse J. H. DINGLEY, S.R.N., S.C.M., Aberystwyth
		Nurse E. M. A. EDWARDS, S.R.N., S.C.M., Tregaron
		Nurse D. ESAU, S.R.N., S.C.M., Aberporth
		Nurse M. E. EVANS, S.R.N. (County Relief)
		Nurse M. H. EVANS, S.R.N., S.C.M., Aberystwyth
		Nurse M. M. EVANS, S.R.N., S.C.M., Glandyfi
		Nurse M. E. T. GWYNNE, S.C.M., Llanafan
		Nurse J. A. HARRHY, S.C.M., Mid-Aeron
		Nurse M. R. HARRIES, S.R.N., S.C.M., Lampeter
		Nurse S. M. HUGHES, S.R.N., Devil's Bridge
		Nurse E. J. JOHN, S.R.N., S.C.M., Llangeitho
		Nurse D. E. JONES, S.R.N., S.C.M., Llechryd
		Nurse GLADYS JONES, S.R.N., S.C.M., Melindwr
		Nurse I. M. JONES, S.R.N., S.C.M., Aberystwyth
		Nurse M. J. JONES, S.R.N., S.C.M., Llanrhystud
		Nurse VERA JONES, S.C.M., Cardigan (St. Dogmaels)
		Nurse G. E. JONES-DAVIES, S.R.N., Llanwennog (Temp. Relief) (Commenced 2/9/67)
		Nurse E. A. LEWIS, J.P., S.R.N., S.C.M., Rhydlewes
		Nurse G. H. LEWIS, S.R.N., S.C.M., Cardigan (Verwig)

			Nurse E. A. G. MORGAN, S.R.N., S.C.M., Pontrhydfendigaid (Resigned 31/3/67)
			Nurse M. M. MORGAN, S.C.M., Talybont
			Nurse G. MORRIS, S.R.N. (County Relief)
			Nurse E. E. NORTHAM, S.R.N., Distr. Trained (County Relief)
			Nurse R. M. REES, S.R.N., S.C.M., New Quay
			Nurse FRANKLIN THOMAS, S.R.N., Borth
			Nurse D. WALTERS, S.R.N., S.C.M., (County Relief)
			Nurse M. WILLIAMS, S.R.N., S.C.M., Distr. Trained Rhydypennau
			Nurse M. E. JENKINS, S.R.N., S.C.M. (Temporary Relief) (Resigned 11/5/67)
Dental Attendants	...	...	MRS. D. M. WATSON, S.R.N.
			MISS W. A. P. MILLS
			MISS PATRICIA THOMAS
Consultant Educational Psychologist (part time)			CYRIL B. E. JAMES, Ph.D., B.A., B.Ed., F.B.Ps.S.
Speech Therapist	...	...	MRS. J. E. HOLDING, L.C.S.T.
Chief Clerk	...	...	D. OLIVER MORGAN.

**Officers of the Regional Hospital Board who provide Specialist Services for the County Council.**

Chest	...	...	...	D. LLEWELYN DAVIES, M.R.C.S. (Eng.) ; L.R.C.P. (Lond.) J. T. JONES, B.Sc., M.B., B.Ch. (Wales) G. O. THOMAS, M.D. (L'pool) ; M.B., Ch.B. (L'pool)
Ophthalmic	...	...	...	T. EVANS JONES, M.R.C.S. (Eng.) ; L.R.C.P. (Lond.); D.O.M.S. (Eng.)
Orthopaedic	...	...	...	I. L. MACFARLANE, F.R.C.S. (Eng.) ; M.Ch. (Ortho.) (L'pool)
Ear, Nose and Throat	...	...	...	SALATHIEL MORGAN, M.B., B.Ch. (Wales) ; F.R.C.S. (Edin.)
Psychiatry	...	...	...	JOHN FARR, M.B., B.S. (Lond.) ; D.P.M. (Eng.) E. J. EURFYL JONES, M.A. (Oxon.) ; B.M., B.Ch. (Oxon.), D.P.M. (Eng.).
Psychiatry (Sub-normal)	...	...	...	MICHAEL J. CRAFT, M.D. (Lond.), M.B., B.S., M.R.C.P.Ed., D.P.M. (Eng.)
Child Psychiatry...	...	...	...	J. McDONALD, M.A. (Glas.), M.B., Ch.B., D.P.M. (Eng.) EVAN W. DAVIES, M.B., B.Ch. (Wales) ; D.P.M. (Eng.)
Geriatrics	...	...	...	J. C. DAVIES, M.B., B.S. (Durh.), M.R.C.P. (Ed.).
Hon. Consultant Psychiatrist			...	SIDNEY DAVIES, M.B., B.S. (Lond.), D.P.M.
Venereology	...	...	...	H. VERNON WILLIAMS, M.R.C.S. (Eng.) ; L.R.C.P. (Lond.)

## To the Chairman and Members of the Health Committee

I submit herewith, Mr. Chairman, the Annual Report of the Health Department for the year which ended on December 31st, 1967.

The new junior training centre, Ysgol Bronaeron, overcame its minor teething difficulties and the daily journeys of children to and from the centre were made less lengthy by the purchase of a fourth purpose built vehicle. The next step is to plan provision for the mentally handicapped who are over school age and for those who are due to leave Ysgol Bronaeron during the next few years.

The new clinics at Lampeter and Aberystwyth are being put to greater use. The clinic at Aberystwyth is used for one day weekly as a centre for the handicapped. Medical examinations of persons referred by the Ministry of Pensions and National Insurance are carried out weekly at the Lampeter clinic and arrangements have also been made for the Chest Physician of the South West Wales Hospital Management Committee to hold his weekly session on the premises. The Family Planning Association hold their sessions at the Lampeter clinic and similar facilities have been offered them at Aberystwyth.

At the end of the year discussions were in progress with the Executive Council about the possibility of erecting health centres but at that time Cardigan seemed to be the only town where such a centre appealed to the general practitioners.

The eventual pattern of domiciliary nursing and health visiting will very probably be attachment to the family doctor. Along the Teifi valley where the practices of most doctors embrace two or sometimes even three local health authorities a decision on the pattern of local government re-organisation would help future planning. Elsewhere it seems to me that if the fullest use is to be made of the domiciliary services the amount of unnecessary travelling by nurses and health visitors must be reduced to a minimum and to my mind the grouping of practices would help to achieve this goal.

Discussions have taken place with the consultant obstetricians of the hospital authority and with the county medical officer of Carmarthen on the notification of congenital defects apparent at birth. The variations agreed upon will, it is hoped, prevent babies who should be earmarked for closer inspection and surveillance being passed over. In this connection it is felt that the appointment of a consultant paediatrician for the Mid-Wales area is long overdue.

Fluoridation again occupied the attention of the County Council. After a lengthy exposition of its merits by Professor John Miller of the Department of Preventive Dentistry at the University of Wales Dental School, Cardiff, and of its demerits by Dr. C. G. Dobbs of the University College of North Wales, Bangor, before a very well attended meeting of the full Health Committee which consists of all members of the County Council, it was resolved by a large majority not to proceed with fluoridation.

The new mobile clinic enabled many mothers, who, owing to the indifferent or the non-existent public transport service found it very difficult to bring their children to infant welfare clinics, to receive medical attention close to their homesteads.

The site earmarked for a new ambulance headquarters and for the Aberystwyth ambulance station—a building of which the authority is in extreme need—was unfortunately turned down by the Ministry after a public enquiry. It is to be hoped that other proposals which the Council now has in mind will meet with success.

During the year Dr. Beryl Thomas resigned as assistant medical officer and her post was filled by Dr. Ann Rhys who in the autumn obtained the Diploma in Psychological Medicine.

It is gratifying to be able to record that at a time when certain types of infectious disease which are imported from abroad are becoming more prevalent in Britain, Cardiganshire has so far remained immune from these afflictions.

A more detailed account of the work of the department is given in the ensuing pages.

I. MORGAN WATKIN,

*County Medical Officer*

**TABLE I**  
**Section 1—STATISTICS**  
**AREA, POPULATION AND RATEABLE VALUE OF THE COUNTY**

Area in acres		Population (1961 Census)		Population Mid-1967 (Registrar General's Estimate)		Rateable Value at 1st April, 1967		Rateable Value at 1st April, 1968		Sum represented by 1d. rate 1967-68		Estimated sum represented by 1d. rate 1968-69	
Aberaeron Urban District	Cardigan Borough	Aberystwyth Borough	Aberystwyth Urban District	New Quay Urban District	Lampeter Borough	Aberaeron Rural District	Aberystwyth Rural District	Treiside Rural District	Rural Districts	Total County for County			
388	1,141	4,928	1,754	281	9,321	140,728	73,102	121,546	443,189				
... ...	... ...	... ...	3,789	1,855	954	9,014	11,227	10,358	4,815	53,648			
Population (1961 Census) ...	1,209	10,427											
Rateable Value at 1st April, 1967 ...	£40,824	£459,737	£112,690	£73,557	£30,388	£115,547	£227,599	£179,152	£60,205	£1,299,699			
Rateable Value at 1st April, 1968 ...	£41,507	£464,179	£116,604	£74,553	£30,854	£121,165	£233,450	£187,084	£60,928	£1,330,324			
Sum represented by 1d. rate 1967-68	£164	£1,800	£458	£292	£121	£455	£884	£700	£232	£5,106			
Estimated sum represented by 1d. rate 1968-69 ...	£167	£1,845	£458	£295	£122	£487	£925	£728	£234	£5,261			

TABLE 2					
VITAL STATISTICS					
MOTHERS AND INFANTS					
<i>Live births</i>					
Number—Males	...	...	...	344	
Females	...	...	...	316	660
Rate per 1,000 population	...	...	...	...	12.4
Ratio of local adjusted birth rate to national rate			...	0.84	
<i>Illegitimate Live Births</i> (per cent of total live births)			...	6.51	
<i>Stillbirths</i>					
Number—Males	...	...	...	6	
Females	...	...	...	7	13
Rate per 1,000 total live and stillbirths			...	...	19.00
<i>Total Live and Stillbirths</i>	...	...	...	...	673
<i>Infant Deaths</i> (deaths under one year)			...	...	14
<i>Infant Mortality Rates</i>					
Total infant deaths per 1,000 total live births...	...		...	21.21	
Legitimate infant deaths per 1,000 legitimate live births				19.44	
Illegitimate infant deaths per 1,000 illegitimate live births				46.51	
<i>Neo-natal Mortality Rate</i> (deaths under four weeks per 1,000 total live births)	...	...	...	...	12.12
<i>Early Neo-natal Mortality Rate</i> (deaths under one week per 1,000 total live births)	...	...	...	...	10.60
<i>Peri-natal Mortality Rate</i> (stillbirths and deaths under one week combined per 1,000 total live and still births)	...		...	30.00	
<i>Maternal Mortality</i> (including abortion)					
Number of deaths	...	...	...	...	Nil
Rate per 1,000 total live and still births	...	...	...	...	—

**TABLE 3**  
**CAUSES OF DEATH (All Ages)**

<i>Registrar General's Code Number</i>	<i>Cause of Death</i>	<i>Number of Deaths</i>			<i>Total</i>
		<i>Male</i>	<i>Female</i>	<i>Total</i>	
1	Tuberculosis, respiratory	...	4	1	5
2	Tuberculosis, other	...	—	—	—
3	Syphilitic disease	...	1	—	1
4	Diphtheria	...	—	—	—
5	Whooping cough	...	—	—	—
6	Meningococcal infections	...	—	—	—
7	Acute poliomyelitis	...	—	—	—
8	Measles	...	—	—	—
9	Other infective and parasitic diseases	...	1	1	2
10	Malignant neoplasm, stomach	...	13	14	27
11	Malignant neoplasm, lung, bronchus	...	21	5	26
12	Malignant neoplasm, breast	...	—	14	14
13	Malignant neoplasm, uterus	...	—	4	4
14	Other malignant and lymphatic neoplasms	...	32	43	75
15	Leukaemia, aleukaemia	...	3	3	6
16	Diabetes	...	2	1	3
17	Vascular lesions of nervous system	...	47	80	127
18	Coronary disease, angina	...	89	64	153
19	Hypertension with heart disease	...	5	5	10
20	Other heart disease	...	43	79	122
21	Other circulatory disease	...	12	30	42
22	Influenza	...	—	—	—
23	Pneumonia	...	22	21	43
24	Bronchitis	...	21	9	30
25	Other diseases of respiratory system	...	6	2	8
26	Ulcer of stomach and duodenum	...	7	2	9
27	Gastritis, enteritis and diarrhoea	...	2	2	4
28	Nephritis and nephrosis	...	3	3	6
29	Hyperplasia of prostate	...	6	—	6
30	Pregnancy, childbirth, abortion	...	—	—	—
31	Congenital malformations	...	3	—	3
32	Other defined and ill-defined diseases	...	31	30	61
33	Motor vehicle accidents	...	8	1	9
34	All other accidents	...	9	8	17
35	Suicide	...	7	2	9
36	Homicide and operations of war	...	1	1	2
		<b>Total</b>	<b>... 399</b>	<b>425</b>	<b>824</b>

Crude death rate per 1,000 population ... ... ... 15.4

Ratio of local adjusted death rate to national rate ... ... 1.14

TABLE 4  
CAUSES OF DEATH IN AGE GROUPS

	Under 4 weeks			4 weeks and under 1 year			1—5—			5—15—			15—25—			25—35—			35—45—			45—55—			55—65—			65—75 and over			TOTAL		
	Under 4 weeks	M	F	M	F	M	M	F	M	M	F	M	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
Tuberculosis, respiratory	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Tuberculosis, other	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Syphilitic disease	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Diphtheria	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Whooping cough	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Meningococcal infections	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Acute poliomyelitis	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Measles	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Other infective and parasitic diseases	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Malignant neoplasm, stomach	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Malignant neoplasm, lung, bronchus	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Malignant neoplasm, breast	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Malignant neoplasm, uterus	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Other malignant and lymphatic neoplasms	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Leukaemia, aleukaemia	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Diabetos	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Vascular lesions of nervous system	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Coronary disease, angina	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Hypertension with heart disease	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Other heart disease	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Other circulatory disease	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Influenza	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Pneumonia	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Bronchitis	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Other diseases of respiratory system	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Ulcer of stomach and duodenum	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Gastritis, enteritis and diarrhoea	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Nephritis and nephrosis	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Hyperplasia of prostate	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Pregnancy, childbirth, abortion	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Congenital malformations	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Other defined and ill-defined diseases	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Motor vehicle accidents	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
All other accidents	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Suicide	...	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Homicide and operations of war	...	...	...	...	...	...	—</td																										

TABLE 5  
TABLE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) NOTIFIED DURING THE YEAR

TUBERCULOSIS NOTIFICATIONS, 1967, IN AGE GROUPS.

PULMONARY.

TABLE 6

DISTRICT	0—		1—		2—		5—		10—		15—		20—		25—		35—		45—		55—		65—		75—		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Aberaeron Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Aberystwyth Boro.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Cardigan Borough...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2		
Lampeter Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1		
New Quay Urban ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1		
Aberaeron Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1		
Aberystwyth Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2		
Teifi-side Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1		
Tregaron Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1		
Whole County ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16		

TABLE 7

DISTRICT	0—		1—		2—		5—		10—		15—		20—		25—		35—		45—		55—		65—		75—		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Aberaeron Urban ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Aberystwyth Boro.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Cardigan Borough...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Lampeter Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2		
New Quay Urban ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Aberaeron Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Aberystwyth Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1		
Teifi-side Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Tregaron Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Whole County ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1		

## Section 2

### CARE OF MOTHERS AND YOUNG CHILDREN

#### Ante-Natal Clinics

In view of the prevailing circumstances in Cardiganshire it is not the policy of the local health authority to run ante-natal clinics. At present ante-natal clinics are held under the aegis of the hospital at the Maternity Home, Aberystwyth. They are under the supervision of Dr. Geoffrey Williams, the consultant obstetrician. Domiciliary midwives, whenever possible, accompany the patients to the ante-natal clinics and health visitors give educational talks and film displays on matters connected with childbirth and the care of the infant. Relaxation exercises are held under the aegis of the hospital physiotherapist. This dual arrangement has been worked out in collaboration with the consultant obstetrician and the scheme is running satisfactorily.

At Glangwili Hospital, Carmarthen, the consultant obstetrician for West Wales also holds ante-natal clinics. These facilities are over and above those available to expectant mothers through their family doctor.

#### Care of Unmarried Mothers and their Children

Arrangements are usually made through the St. David's Diocesan Moral Welfare Committee for the confinement and care of unmarried mothers. Unmarried mothers may be admitted to a hostel outside Cardiganshire for some months before a confinement is due and kept for some time afterwards. The committee also assists in making suitable arrangements for the child.

Other expectant mothers leave home and go to London and the Midlands to seek refuge. Here they apply to the local authority for assistance and the latter contact Cardiganshire as the county of normal residence for a grant towards their maintenance.

#### Child Welfare

The new mobile clinic is enabling mothers who previously found it difficult to bring their children to an infant welfare clinic to receive attention. The programme of the mobile clinic which has had to be revised during the year was as follows at the end of December.

### Mobile Clinics

<i>Centre</i>	<i>Day held</i>	<i>Times</i>	<i>Total No. of Infant attendances in the year</i>	<i>Average No. of Infant attendances per session</i>	<i>Total No. of Sessions held</i>
Cribyn (Request)		10.00 a.m.	—	—	—
Llanwnen		10.45 a.m.	6	3.0	2
Alltyblacca (Request)	1st Tuesday in month	11.00 a.m.	31	3.87	8
Cwrtnewydd		11.30 a.m.	30	3.33	9
Pontsiân		12 noon	28	2.54	11
Talgarreg (Request)		1.30 p.m.	27	2.45	11
Abermagwr	1st Wednesday in month	10.00 a.m.	131	11.9	11
Pontrhydygroes		11.30 a.m.	16	1.6	10
Pontrhydfendigaid		12 noon	51	4.63	11
Upper Borth	1st Thursday in month	10.00 a.m.	146	13.27	11
Lower Borth		11.30 a.m.	63	5.72	11
Blaenplwyf	2nd Monday in month	10.00 a.m.	76	6.9	11
Llanrhystyd		10.30 a.m.	66	6.0	11
Llanon		11.15 a.m.	95	8.63	11
Llangeitho (Request)	2nd Tuesday in month	10.00 a.m.	31	2.81	11
Llanddewi Brefi		10.30 a.m.	66	7.33	9
Bronant		11.30 a.m.	35	5.0	7
Lledrod (Request)		12 noon	10	1.0	10
Tre'rddol	2nd Thursday in month	10.00 a.m.	84	7.0	12
Talybont		11.10 a.m.	106	8.83	12
Llandre (Request)		12.15 p.m.	29	2.63	11
Goginan (Request)	2nd Friday in month	10.00 a.m.	18	1.8	10
Ponterwyd		10.30 a.m.	77	7.0	11
Devil's Bridge (Rqst)		11.30 a.m.	27	2.45	11
Capel Seion (Request)		12 noon	39	4.88	8
Llechryd	3rd Tuesday in month	10.30 a.m.	40	3.33	12
Parcllyn		11.45 a.m.	107	8.91	12
Waunfawr	3rd Wed. in month	10.00 a.m.	224	18.66	12
Capel Bangor	3rd Thursday in month	10.00 a.m.	73	6.08	12
Penrhyncoch		10.45 a.m.	41	3.41	12
Bow Street		11.15 a.m.	115	9.58	12
Pontgarreg	3rd Friday in month	10.30 a.m.	10	5.0	2
Beulah		11.15 a.m.	58	4.83	12
Rhydlewis		11.45 a.m.	43	3.58	12
Felin Fach	4th Tuesday in month	10.15 a.m.	35	3.5	10
Talsarn		11.00 a.m.	44	7.33	6
Cross Inn (Request)		12 noon	26	2.36	11
Cwmcoy	Ceased 20.10.67		22	2.2	10
			2,126	5.66	375

### Fixed Clinics

<i>Centre</i>	<i>Where held</i>	<i>Day held</i>	<i>Total No. of infant attendances in the year</i>	<i>Average No. of infant attendances per session</i>	<i>Total No. of Sessions held</i>
Aberaeron	Memorial Hall, Aberaeron	2nd & 4th Friday in each month	313	13.73	23
Aberporth	Village Hall, Aberporth	1st Thursday in each month	153	12.75	12
Aberystwyth	Swyddfa'r Sir, Aberystwyth	Every Wednesday & Thurs. afternoons	1,667	16.34	102
Borth*	Memorial Hall, Borth	Every other Thursday in each month	36	9.0	4
Cardigan	County Primary School, Cardigan	Every other Tuesday in each month	485	21.08	23
Lampeter	Ormond House, Lampeter	Every other Tuesday in each month	326	13.04	25
Llanbadarn	Church Hall, Llanbadarn	2nd & 4th Monday in each month	81	3.85	21
Llandysul	Graig Vestry, Llandysul	1st & 3rd Tuesday in each month	172	9.55	18
New Quay	Memorial Hall New Quay	1st Monday in each month	44	3.66	12
Penparcau	Neuadd Goffa, Penparcau,	1st, 3rd and 5th Friday in each month	342	13.68	25
Penrhiewllan	Aberystwyth	2nd & 4th Tuesday in each month	148	7.04	21
Pontgarreg	The Hall, Penrhiewllan	3rd Monday in each month	18	1.8	10
Tregaron	The Castle, Pontgarreg	1st & 3rd Tuesday in each month	560	23.33	24
		<b>TOTAL</b>	<b>4,345</b>	<b>13.60</b>	<b>320</b>

\* later served by Mobile Clinic

### Care of Premature Infants.

Each district midwife is supplied with a Cestra Premature Baby Outfit. Other specialised equipment for treating the baby at home and for transporting it to hospital is borrowed, by arrangement, from the Maternity Home, Aberystwyth.

Number of premature infants born at home	...	...	Nil
Transferred to hospital	...	...	—
Died within the first 24 hours	...	...	—
Died within the first 28 days	...	...	—

## Dental Care.

The following data have been supplied by Mr. W. D. Percival Evans, the Principal Dental Officer.

The dental care of expectant and nursing mothers and of pre-school children is under the supervision of the Principal Dental Officer of the Authority. Full treatment is provided, including artificial dentures.

The following tables show the numbers treated and the type of treatment given during the year.

### *Attendances and Treatment*

Number of Visits for Treatment during Year						Children 0—4 (incl.)	Expectant & Nursing Mothers
First Visit ...	...	...	...	...	...	94	131
Subsequent Visits	...	...	...	...	...	62	164
Total Visits	...	...	...	...	...	156	295
Number of Additional Courses of Treatment other than the First Course commenced during year						... 5	7
Treatment provided during the year—							
Number of Fillings	...	...	...	...	...	56	132
Teeth Filled	...	...	...	...	...	56	113
Teeth Extracted	...	...	...	...	...	122	135
General Anaesthetic given	...	...	...	...	...	82	38
Emergency Visits by Patients	...	...	...	...	...	2	2
Patients X-Rayed	...	...	...	...	...	4	42
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)						—	19
Teeth Otherwise Conserved	...	...	...	...	...	43	—
Teeth Root Filled	...	...	...	...	...	—	2
Inlays	...	...	...	...	...	—	—
Crowns	...	...	...	...	...	—	2
Number of Courses of Treatment completed during the year	...	...	...	...	...	86	178

### *Prosthetics*

Patients Supplied with F.U. or F.L. (First Time)	...	...	9
Patients Supplied with Other Dentures	...	...	16
Number of Dentures Supplied	...	...	25

### *Anaesthetics*

General Anaesthetics Administered by Dental Officers	...	...	4
--	-----	-----	---

*Inspections :*

	Children 0—4 (incl.)	Expectant & Nursing Mothers
--	----------------------------	-----------------------------------

Number of Patients given First Inspections during Year ...	84	142
No. of Patients who required Treatment ...	76	140
No. of Patients who were offered treatment ...	76	140

*Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients :*

For Treatment ...	...	...	This cannot be assessed accurately because the work is done during and after ordinary treatment sessions.
For Health Education ...	...		

**Welfare Foods.**

The amount of welfare foods issued during the period can be seen from the following table :—

Commodity	Van	Clinic	Voluntary Distributors
National Dried Milk (tins) ... ...	2,538	244	6,424
Cod Liver Oil (bottles) ... ...	331	34	187
A. and D. Tablets (packets) ... ...	107	12	120
Orange Juice (bottles) ... ...	5,399	441	4,833

Details of bulk supplies received up to the end of the year are shown in the following table :—

Commodity	Quantity
National Dried Milk (tins) ... ...	9,702
Cod Liver Oil (bottles) ... ...	504
A. and D. Tablets (packets) ... ...	280
Orange Juice (bottles) ... ...	10,296

The amount of welfare foods issued during the year from the van at the various distribution centres is shown below :—

Centre	National Dried Milk	Cod Liver Oil	A. & D. Tablets	Orange Juice
Aberaeron	10	—	—	162
Aberystwyth	2,409	235	74	3,598
Cardigan	24	22	3	223
Lampeter	60	40	18	1,168
Llandysul	23	16	—	132
Tregaron	12	18	12	116
<b>TOTAL</b>	<b>2,538</b>	<b>331</b>	<b>107</b>	<b>5,399</b>

### Family Planning Clinic

The county council entered into an agreement with the Family Planning Association for the expanded service recommended by the Minister of Health in his Circulars to local health authorities.

Clinics are now held at Aberystwyth, Aberaeron, Lampeter and Cardigan.

### Child Life Protection.

The duties in connection with Child Life Protection are undertaken by the Care of Children Committee. Close liaison is maintained with the Children's Officer who notifies the Health Department of all children under five supervised by her. These are then visited by the health visitor.

### Nurseries and Child Minders

One person at Llechryd was registered under the Nurseries and Child Minders Regulations, 1948, during the year. A further application was withdrawn when the requirements of the local authority were made known to her.

### Juvenile Courts

A report upon the health of all juveniles appearing in court is prepared in accordance with Section 35 of the Children and Young Persons Act, 1933. Medical reports where appropriate are submitted in accordance with Section 11 (iv) of the Summary Jurisdiction (Children and Young Persons) Rules, 1933.

### **Section 3—MIDWIFERY**

During the year 29 hospital and 27 local authority midwives notified their intention to practise. The Supervisor of Midwives or her deputy paid 56 visits to district midwives, 16 to midwives practising in hospitals and 14 to general practitioners.

The county is covered by two Maternity Liaison Committees. The one for the Mid-Wales Hospital Management Committee meets at Aberystwyth while that for the South West Wales Hospital Management Committee is convened at Carmarthen, Cardigan or Haverfordwest. The deputy supervisor of midwives normally attends these meetings and the medical staff of the local health authority is represented by Dr. Glyn Rhys, M.R.C.O.G.

The exceptionally small number of babies delivered at home is creating an inefficient district midwifery service through lack of practice. Some midwives did not deliver a single baby throughout the year while others only delivered one. The Welsh Board of Health has drawn the Council's attention to the matter which incidentally affects many other counties beside Cardiganshire. After much deliberation it was decided to ask the Welsh Hospital Board whether it would be prepared to assume responsibility for the district midwifery service, or rather what is left of it, for fewer than thirty out of over 650 births occurred at home, in accordance with Section 23 (2) of the National Health Service Act, 1946.

At the time of writing the Welsh Board of Health had signified its assent to the proposal but the views of the Welsh Hospital Board and the Management Committees concerned were still awaited.

### **Section 4—HEALTH VISITING**

The Council employs eleven whole time health visitors who also act as school nurses.

Whilst there is as yet no attachment to general practitioners some health visitors call in once or twice weekly at the local doctors' surgery to find out in what way they can assist. In between times they can be contacted on the telephone at their homes. The type of task most commonly allotted to them is follow up visits of the aged who have been under treatment and visits to children who are not making the progress the family doctor thinks a normal child should make.

The success or failure of a relationship between any two groups of persons depends in the long run upon the temperament of the individuals concerned and some doctors find it easier to co-operate with some health visitors than with others and vice-versa.

The Chief Health Visitor or her deputy paid 20 visits to health visitors at clinics and in their areas during the year.

A detailed account of the work of the health visitors is given in the ensuing table :

**REPORT OF HEALTH VISITORS/SCHOOL NURSES FOR THE YEAR 1967**

AREA	Infant Visits (0—5 years)	CLINICS ATTENDED			SCHOOL WORK		
		M. & C.W.	All Others	No. of visits to T.B., Blind, Orthopaedic, Mentally Defective Persons	No. of Visits to Schools	No. of children examined	No. of Children found verminous or suffering from Minor Ailments
Rhydypennau, Talybont and Glandyfi	1,205	57	11	3	92	3,061	14
Aberystwyth Town Centre and Devil's Bridge	1,219	112	3	7	116	2,143	—
Penparcau and Llanfarian	1,387	66	6	9	114	3,419	22
Penglais, Llanbadarn and Capel Bangor	632	123	8	12	75	1,123	63
Aberystwyth South	1,130	63	4	15	173	3,165	81
Aberaeron	...	1,316	24	3	134	4,730	27
Lampeter	...	1,420	38	25	178	5,005	71
Llandysul	...	1,415	54	55	184	6,232	7
Cardigan	...	1,812	32	4	189	6,209	50
Llangranog	...	1,386	63	2	17	110	2,757
Tregaron	...	2,235	50	2	42	117	2,606
Total	...	15,157	682	123	438	1,369	40,450
							344

## Section 5—HOME NURSING

The district nursing service in the county is in a state of flux and so far no clear cut pattern of future development has emerged. A survey has shown that the council employs a considerably greater number of nurses than any comparable rural area and yet they appear to be fully occupied. The type of work which the nurses carry out, however, differs from that in the cities where it can be described as performing nursing duties on the general practitioner's instructions. In Cardiganshire, on the other hand, any person may summon a nurse to the house and as a consequence district nurses are very frequently called in before deciding whether or not a doctor should be sent for. This places nurses in a difficult position for by undertaking this diagnostic screening they are carrying out work for which they have not been trained.

The district nurses also act, in practice, as social workers for they are better known than the welfare officers and health visitors who cover much larger areas. It is sometimes claimed that by holding an unduly large number of trained nurses on our staff we are depleting the hospitals. But as most of our recruits are married women who are only willing to serve in the area in which they reside, while hospitals are only found in four different townships, the argument is on the whole without substance.

Whether there is anything to be gained by allowing the elderly, for example, to be visited socially by a welfare officer or health visitor instead of a district nurse is open to argument. The disadvantage, however, is that the expenditure on nursing rises while that for health visiting remains static. And those who lay much stress on statistics find such a state of affairs unpalatable !

So far the Health Committee has not employed State Enrolled Nurses to perform the tasks requiring a lesser degree of knowledge because the supply of State Registered Nurses has been adequate. There are, however, many tasks, blanket bathing to quote but one example, where the State Registered Nurse's training is unnecessary.

Discussions have taken place during the year with the Mid-Wales Hospital Management Committee regarding the training of hospital nurses in district work but although the local health authority would like to participate to the full it is unable to do so until it has a nucleus of district trained S.R.Ns. on its own staff. This the County Council is now taking steps to bring into operation so that in about two years' time it should be able to help to train hospital nurses on the lines requested.

The Chief Nursing Officer paid 87 visits to nursing staff during the year.

To aid the recruitment of nurses the Deputy Chief Nursing Officer paid 3 visits to Careers Conventions held in Secondary Schools in the county. At the Conventions which usually last a day parents and school leavers ask questions about the professions in which they are interested.

The total number of nursing visits paid in 1967 was 58,573 of which 8,923 were carried out by relief nurses. This is a reduction in the number of visits as compared with 1966.

**REPORT OF DISTRICT NURSE/MIDWIVES FOR THE YEAR 1967**

DISTRICT	MIDWIFERY				HOME NURSING				Maternity Leave (Days)	
	No. of Live Births	Total Number of Maternity and Midwifery visits	Total Ante-Natal visits	Number of Maternity and Midwifery cases nursed (under 14 days)	Total Nursing Visits	Total Number of visits to Elderly (included in total nursing visits)	Number of Injections only	Sick Leave (days)		
Aberystwyth : North	1	263	35	29	1,882	1,148	287	—	—	
Aberystwyth : Centre	4	226	28	21	1,294	926	369	—	—	
Aberystwyth : South	2	528	92	44	1,367	990	353	—	—	
Aberaeron	...	342	23	32	1,675	1,056	183	—	—	
Aberporth	...	214	43	20	1,430	527	262	—	—	
Borth	...	—	—	—	1,859	513	85	—	—	
Cardigan : St. Dogmaels	294	117	22	1,654	969	427	—	—	—	
Cardigan : Verwig	519	148	40	1,358	700	991	—	—	—	
Devil's Bridge	119	38	4	1,786	1,493	299	—	—	—	
Glandyfi	257	25	23	2,186	1,554	122	—	—	—	
Henllan	225	133	13	2,186	489	797	—	—	—	
Lampeter : Silian	228	308	21	1,614	941	452	—	—	—	
Lampeter : Cellan	128	222	17	1,789	1,109	659	—	—	—	
Llanafan	87	107	—	2,048	1,292	278	—	14	—	
Llanarth	155	123	7	1,770	1,371	547	—	—	—	
Llandysul	275	443	30	1,884	1,112	1,202	—	—	—	
Llanfarian	178	55	17	1,474	1,184	256	—	—	—	
Llangeitho	238	147	9	1,554	783	106	—	17	—	
Llangranog	112	75	13	2,014	837	481	—	—	—	
Llanrhystud	173	115	23	1,879	1,608	453	—	—	—	
Llanwenog	100	107	11	1,179	598	365	—	—	—	
Llechryd	142	46	12	1,234	526	196	—	—	—	
Melindwr	231	94	19	1,543	1,180	195	—	—	—	
Mid-Aeron	187	96	6	1,727	708	452	—	—	—	
New Quay	194	86	13	1,768	1,273	574	—	—	—	
Rhydlewis	84	102	6	1,548	807	550	—	—	—	
Rhydypennau	3	429	34	2,004	1,569	442	—	—	—	
Talybont	1	113	43	1,723	657	501	—	—	—	
Tregaron	3	305	103	11	2,221	1,005	563	55	65	
Relief	—	426	248	1	8,923	5,179	2,978	25	248	
<b>TOTALS</b>	...	27	6,772	3,335	512	58,573	34,104	15,425	313	313

## Section 6—PREVENTION OF BREAK-UP OF FAMILIES

Problem families are regularly visited by health visitors and, when the need arises, by the district welfare officers. In special cases, the health visitor calls in the Chief Nursing Officer, who, in turn, may call in the County Medical Officer.

Consultation with the Children's Officer of the County Council, the County Welfare Officer, the District Medical Officer and the County Medical Officer on the one hand, together with the chairmen of the appropriate committees and the local member on the other, takes place as and when the need arises.

The problems facing this type of family almost invariably find their way to the Home Help Advisory Committee. It is usually found that the provision of adequate home help to a harassed mother who may be below par is the most effective and economical method of dealing with many problem families.

## Section 7—VACCINATION AND IMMUNISATION

### Smallpox Vaccination

In normal times this is carried out entirely by general practitioners. Records of the 1,183 successful vaccinations and re-vaccinations carried out in 1967 are as follows

<i>Age</i>		<i>Number successfully vaccinated</i>	<i>Number successfully re-vaccinated</i>
Under 1 year old	...	79	2
1 year old	...	129	1
2—4 years	...	58	9
5—15 years	...	40	383
15+	...	50	432

The number of registered live births for the year 1967 was 660 so that at the end of the year an estimated 12.27% of children under a twelvemonth had been vaccinated.

**VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1967**

**Table I—COMPLETED PRIMARY COURSES—Number of Persons under age 16**

TYPE OF VACCINE OR DOSE	YEAR OF BIRTH					Others under age 16	TOTAL
	1967	1966	1965	1964	1960-63		
1. Quadruple DTPP ... ...	—	9	—	—	—	—	9
2. Triple DTP ... ...	190	222	9	4	12	1	438
3. Diphtheria/Pertussis ... ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ... ...	4	4	1	4	16	13	42
5. Diphtheria ... ...	—	1	—	—	—	—	1
6. Pertussis ... ...	—	—	—	—	—	—	—
7. Tetanus ... ...	—	—	—	—	3	13	16
8. Salk ... ...	2	5	—	—	1	—	8
9. Sabin ... ...	44	320	42	13	25	10	454
10. Lines 1+2+3+4+5 (Diphtheria) ...	194	236	10	8	28	14	490
11. Lines 1+2+3+6 (Whooping Cough)	190	231	9	4	12	1	447
12. Lines 1+2+4+7 (Tetanus) ...	194	235	10	8	31	27	505
13. Lines 1+8+9 (Polio) ...	46	334	42	13	26	10	471

**Table 2—REINFORCING DOSES—Number of Persons under age 16**

	1967	1966	1965	1964	1960-63	Others under age 16	Total
1. Quadruple DTPP ... ...	4	—	2	1	1	—	8
2. Triple DTP ... ...	2	49	73	10	21	7	162
3. Diphtheria/Pertussis ... ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ... ...	1	31	53	16	454	7	562
5. Diphtheria ... ...	—	—	—	—	1	—	1
6. Pertussis ... ...	—	—	—	—	—	—	—
7. Tetanus ... ...	—	—	—	1	2	7	10
8. Salk ... ...	—	—	—	—	3	1	4
9. Sabin ... ...	2	4	5	4	34	9	58
10. Lines 1+2+3+4+5 (Diphtheria) ...	7	80	128	27	477	14	733
11. Lines 1+2+3+6 (Whooping Cough)	6	49	75	11	22	7	170
12. Lines 1+2+4+7 (Tetanus) ...	7	80	128	28	478	21	742
13. Lines 1+8+9 (Polio) ...	6	4	7	5	38	10	70

## Section 8—AMBULANCE SERVICE

The County Council Health Department maintains nine ambulances and four dual vehicles, one of the latter having been delivered in March, 1967.

Two Civil Defence ambulances have been purchased and these are to be converted and used as emergency ambulances, one based at Lampeter and the other at Cardigan.

The number of patients conveyed by the Cardiganshire Ambulance Service increased from 27,810 in 1966 to 29,859 in 1967 whilst the number of journeys decreased during the same period by 131 from 7,902 to 7,771.

One of the dual-purpose vehicles was badly damaged in an accident in October, 1967, and it could not be used during the remainder of the year—the work it performed in conveying handicapped children to Ysgol Bronaeron had to be contracted out to a local bus proprietor.

The mileage performed by ambulances during the year was 310,609.

A further 4,572 patients, involving a mileage of 172,893, were conveyed at the request of the Ambulance Service by hired cars.

The number of emergency calls decreased from 1,337 in 1966 to 1,285 in 1967. Since the present system of record keeping has begun this is the first year in which the number of emergency calls has taken a downward path. One wonders whether the introduction of the breathyliser test is in part responsible !

Two cases were transported by helicopter during the year. Case No 1, a fractured spine, was conveyed from Aberystwyth to Morriston Hospital on February 7th. Case No. 2, a case of multiple injuries, was conveyed to Morriston on November 8th. An attempt to convey a third case, a fractured spine, was made on August 10th but the helicopter failed to land at Aberystwyth due to fog.

TABLE 14

	1965	1966	1967
Number of patients conveyed	20,734	27,810	29,859
Number of journeys made ...	7,065	7,902	7,771
Mileage covered ...	243,774	300,729	310,609

## Ambulance Details, 1967

Station	Total number of patients conveyed	Emergency	Non-emergency	Number of journeys made	Mileage covered
Aberystwyth	18,064	540	17,524	5,194	137,212
Cardigan	4,576	171	4,405	1,017	61,624
Lampeter	6,077	209	5,868	1,208	84,464
New Quay	1,142	109	1,033	352	27,309
Totals	29,859	1,029	28,830	7,771	310,609

## Sitting Car Details, 1967

	Total	Emergency	Non-Emergency
Number of patients conveyed	4,572	256	4,316
Number of journeys made ...	2,302	—	—
Mileage covered ...	172,893	—	—

Comparative Statements 1967 with 1966, year ended 31st December

WHOLE COUNTY		<i>Journeys</i>	<i>Patients</i>	<i>Mileage</i>
1967 ... ...		7,771	29,859	310,609
1966 ... ...		7,902	27,810	300,729
Difference	...	— 131	+ 2,049	+ 9,880
ABERYSTWYTH				
1967 ... ...		5,194	18,064	137,212
1966 ... ...		5,301	16,520	122,757
Difference	...	— 107	+ 1,544	+ 14,455
CARDIGAN				
1967 ... ...		1,017	4,576	61,624
1966 ... ...		1,065	4,593	67,334
Difference	...	— 48	— 17	— 5,710
LAMPETER				
1967 ... ...		1,208	6,077	84,464
1966 ... ...		1,167	5,550	84,545
Difference	...	+ 41	+ 527	— 81
NEW QUAY				
1967 ... ...		352	1,142	27,309
1966 ... ...		369	1,147	26,093
Difference	...	— 17	— 5	+ 1,216

## Summary for 1967

		<i>Journeys</i>	<i>Patients</i>	<i>Mileage</i>
Ambulance :				
1967	...	7,771	29,859	310,609
Sitting Car :				
1967	...	2,302	4,572	172,893
Combined Figures :				
1967	...	10,073	34,431	483,502

### **Section 9—PREVENTION OF ILLNESS, CARE AND AFTER-CARE**

The local health authority's arrangements for the prevention of illness, care and after care are primarily related to tuberculosis, mental disorder and venereal disease but equipment for nursing at home and for the after care of patients is lent to persons suffering from a multitude of ailments.

#### **Tuberculosis**

Close association is maintained with the three chest physicians serving the county. Health visitors follow up contacts of tuberculosis patients and visit them in their homes following discharge. Where this is thought desirable, patients are sent to the Papworth Village Settlement.

#### **Health Education**

During the year, talks and demonstrations were given by members of the staff to adult groups, voluntary organisations, students at the College of Further Education and mothers and children attending the infant welfare clinics. The relaxation classes for expectant mothers continued weekly at Aberystwyth Maternity Hospital.

More emphasis was laid on the dangers of smoking than on those of venereal disease as the latter is not at present an appreciable hazard in this County. Drug taking does not on the available evidence seem to have reached any serious proportions in Cardiganshire.

## Women's Diagnostic Clinic

Clinics are held weekly at Aberystwyth and fortnightly at Lampeter. An appointment system operates at these clinics but women without appointments are seen also, if time permits. Routine cervical smears are taken from each woman, and a number of other simple tests and examinations are offered also—viz., blood and urine testing, and examination of the breasts. It is surprising how many women attend, to be reassured about vague symptoms which may have been present for some time, but for which they have not ever consulted their own doctors.

There were 220 attendances at the Aberystwyth clinic ; it is too early to assess the number attending the Lampeter clinic.

The following abnormalities came to light and were referred for suitable treatment :

DISEASE	No.	Total	% of those attending
<i>Diseases and Abnormalities of the Genital Tract :—</i>			
Infections of the vagina (Trichomonas)	7		
Infections of the cervix ...	56		
Polypi of the cervix ...	6		
Erosions of the cervix ...	16		
Cysts of the vagina and cervix ...	3		
Retroversions of the uterus ...	5		
Menstrual irregularities ...	5	98	45
Diseases of the breasts (simple) ...	4	4	2
Urinary infections ...	20	20	9
Anaemia ... ... ...	11	11	5
<i>Other Diseases :</i>			
Psychiatric Disturbances ...	7		4
Psoriasis ... ... ...	1	8	—

The main abnormalities found related to the genital tract—as was expected. No cancerous nor precancerous condition of the cervix was found.

The laboratory work is done at the Pathology Department, New Bronglais Hospital.

It is hoped to link the clinic with the mammography service shortly to be offered by New Bronglais Hospital. Patients attending the Cervical Cytology Clinic may then go on to Bronglais Hospital for breast screening by special X-ray techniques.

## Notification of Congenital Defects apparent at Birth

Monthly notifications of babies born in the county with congenital abnormalities were sent to the General Register Office. The total number of abnormalities noted was 10.

A detailed analysis follows :—

Talipes	...	...	...	2
Multiple Abnormalities		...	...	1
Hare lip	...	...	...	1
Absence of Diaphragm		...	...	1
Hypospadias	...	...	...	1
Mongolism	...	...	...	1
Spina Bifida	...	...	...	1
Accessory finger	...	...	...	1
Birth Mark	...	...	...	1

The county birth notification forms are now being modified so as to give additional information regarding the circumstances of the occurrence of congenital defects. The following additional information will be given on the form :—

- Age of mother
- Single or multiple pregnancy
- Marital state
- Further information regarding drugs administered during labour
- Date of last menstrual period
- Period of gestation in weeks
- Time of Birth
- Number and outcome of previous pregnancies
- Whether a doctor was booked for delivery
- Occurrence and nature of any congenital abnormality in the baby
- If baby was transferred—name of hospital
- Occupation of parents
- Address of person notifying the birth

This additional information may help to elucidate the cause of the abnormality. It will also help towards providing statistics for epidemiological data.

Abnormalities which become apparent some time after birth are noted by the doctor and health visitor and are referred for paediatric opinion.

### **Fluoridation of Water Supplies**

Few items have received such long and detailed discussion by the Health Committee as the fluoridation of water supplies. The convictions of both sides are firmly held and I personally see little likelihood of any change of view in the near future.

The details of the water supplies which it would be practicable to fluoridate from an engineering point of view were supplied by the Engineer and Manager of the Cardiganshire Water Board and were published in the Annual Report of the Health Department for 1966.

As stated in the introduction to the present report, the Health Committee which comprises all members of the County Council, devoted the better part of an afternoon to hearing the views of two men of standing, one for and one against fluoridation. Thereafter the committee decided by a large majority not to recommend fluoridation.

### **Incontinence Pads**

Incontinence pads are provided to all nursing cases where they are required. The application is made through the district nurse or health visitor.

6,460 have been used during the year. A charge of 7/- per dozen for large pads and 5/- per dozen for small pads, is made where the patient is able to pay.

In a rural area it is difficult to arrange for special collection of soiled pads. Pads are usually wrapped in paper and disposed of in a refuse bin or they are burned in a household stove.

## Section 10—HOME HELP SERVICE

The local authority provides home help on a very generous scale and the statistics show that nearly 90% of those receiving home help are of pensionable age. Unfortunately during the past year difficulty has been experienced in recruiting home helps. Were it not for this the service would have been expanded even further.

The Authority has one full-time organiser, one assistant organiser, one full time home help and 181 part-time home helps. The cases where home help was provided during 1967 are classified below :—

Maternity (including expectant mothers) ...	17
Tuberculosis ...	4
Chronic sick, including aged and infirm ...	298
Care of children ...	7
Blind ...	12
 Total ...	 338

Applications received during the year totalled 248. These were made up as follows :—

Blind ...	8
Tuberculosis ...	—
Care of children ...	3
Illness and old age ...	196
Maternity ...	41
 Total ...	 248

	Number provided with home help for first time during the year	Total number provided with home help during the year
Blind ...	2	12
Tuberculosis ...	—	4
Care of Children ...	1	7
Illness and old age ...	121	298
Maternity ...	17	17
 Total ...	 141	 338

Visits paid to householders by Organisers ...	... 1,505
Visits paid to home helps by Organisers ...	... 811
Visits paid to Welfare Officers and District Nurses ...	... 27
Other visits ...	... 121

An analysis of the ages of persons receiving home help in the county gave the following results.

Age	Percentage
Over 100 years of age ...	—
90—100 „ ...	8.0
80—89 „ ...	27.7
70—79 „ ...	42.1
60—69 „ ...	16.8
Under 60 ...	12.6

## Section 11—VENEREAL DISEASES

Venereal disease clinics to serve the north of the county are held at the General Hospital, Aberystwyth, and for the south at Glangwili Hospital, Carmarthen. Some south Cardiganshire cases are also treated at Swansea. The striking fact is the increase in the number of cases treated in 1967 as compared with 1966, from 18 to 40.

The details of the cases dealt with for the first time in 1967 are as follows :—

Number of New Cases in the Year

Total all venereal conditions	Syphilis		Gonorrhoea	Other Venereal Conditions
	Primary & Secondary	Other		
40	—	5	8	27

## Section 12—NATIONAL ASSISTANCE ACT, 1948

The County Welfare Officer is responsible to the Welfare Committee for nearly all of the services carried out under the Act. Medical Officers of the Health Department, however, examine all applicants for entry into the Welfare Homes and also examine persons who are transferred from one Home to another. Routine visits to Homes in accordance with the Council's Proposals under Section 21 of the above Act are also made.

Handicapped Persons are referred by the Welfare Department for medical assessment where this is considered necessary.

### Blind Welfare

There were 246 registered blind persons in the County at the end of the year. These were visited by the health visitors, by welfare officers and by the home teacher for the blind where tuition was considered practicable.

It will be seen from the following tables that the majority of blind people in Cardiganshire are over 70 years of age. The absence of industry and dangerous trades makes blindness following accidents an uncommon occurrence.

The following tables show the number of registered blind persons and the number of persons on the observation register at the end of the year.

**REGISTERED BLIND (Ordinarily resident in the county).**

<i>Age Group</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0	—	—	—
1	—	—	—
2	—	—	—
3	—	—	—
4	—	—	—
5—10	—	1	1
11—15	—	—	—
16—20	—	2	2
21—29	—	—	—
30—39	1	2	3
40—49	2	8	10
50—59	6	5	11
60—64	4	7	11
65—69	9	8	17
70 and over	62	129	191
<b>TOTAL</b>	<b>84</b>	<b>162</b>	<b>246</b>

## ON OBSERVATION REGISTER (Ordinarily resident in the county).

<i>Age Group</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0—1	—	—	—
2—4	—	—	—
5—15	—	2	2
16—20	1	—	1
21—49	6	7	13
50—64	4	9	13
65 and over	28	62	90
<b>TOTAL</b>	<b>39</b>	<b>80</b>	<b>119</b>

### Section 13—CARE OF CHILDREN

Routine medical examinations of children at Peterwell Home and Cartrefle and Erw Lon Family Units were carried out by medical officers of the Department. Boarded out children were also examined in the manner prescribed by statute. Close contact is kept with the Children's Officer, on the one hand, and with practitioners providing the children with general medical services, on the other.

### Section 14—MISCELLANEOUS MEDICAL EXAMINATIONS

The Health Department carried out a large number of medical examinations during the year. These were undertaken for a variety of reasons. All new entrants to the superannuation scheme were examined as were all roadmen qualifying for admission to the Sick Pay Scheme. Entrants to Training Colleges were also examined and these numbered close upon a hundred. All Mid-Day Meals staff were submitted to examination. A number of examinations were carried out on behalf of other local authorities on a reciprocal basis.

All applicants for school transport on medical grounds, school absentees, handicapped pupils in various categories, and children applying for the deferment of the 11-plus examination on health grounds were examined. Details of the examinations carried out are given in the ensuing table :

## Medicals for 1967

<i>County Council Staff:</i>				
Education Department	...	...	117	
Welfare Department	...	...	11	
Library Department	...	...	11	
Highways Department	...	...	10	
Treasurer's Department	...	...	8	
Surveyor's Department	...	...	7	
Health Department	...	...	6	
Architect's Department	...	...	3	
Police & Fire Services	...	...	13	
Weights and Measures Department	...	...	2	
Clerk's Department	...	...	1	
Children's Department	...	...	1	
Planning Department	...	...	1	
Taxation Department	...	...	1	
			<hr/> 192	
<i>Trainees</i>	...	...	...	60
<i>Other Local Authorities</i>	...	...	...	26
<i>In connection with applications for driving licences</i>	...	...	...	4
			<hr/> 282	

## Section 15—CHIROPODY SERVICE

The Chiropody Service in Cardiganshire is run under the aegis of a Voluntary Committee which receives a grant from the County Council. As the chiropody service is primarily intended for the aged, the Welfare Department is responsible for its general management and the Health Department plays no part in the running of the scheme.

The Voluntary Committee deals primarily with pensioners (males over 65 and pensioned females over 60). Registered blind persons of all ages are, however, accepted.

According to the information provided by the County Welfare Officer, the number of cases treated during the year was 2,402.

The following persons are eligible under the Voluntary Scheme : women 60 years and over, and men of 65 years and over, who have no private means and are in receipt of National Assistance, or old age pensioners only, are eligible for treatment under the reduced rates.

The fees are : single treatment, 1 foot—1/-. Both feet—1/6.

The number of chiropodists engaged under the Scheme are :—two at Cardigan, one in Lampeter and one at Aberystwyth.

## Section 16—MENTAL HEALTH

No new services were introduced during the past year but this enabled the Department to consolidate the expansion of recent years. Our complement of Mental Welfare Officers was permanently increased by one when a temporary appointment was made permanent. This is welcomed and will enable us to increase the quality of the service when the officers have completed their periods of training. From October, the Child Guidance Clinic, in conjunction with the School Psychological Service, was able to obtain the part-time services of Mr. W. B. Hanton, of the Education Department,

University College of Wales, Aberystwyth, so that a Psychologist could attend at the Child Psychiatrist's clinics.

### Child Guidance Clinic

The Child Guidance Clinic has completed its first full year during the period under review and is building up its numbers as the statistics in Table A show. It will be some time before the full fruits of its labour will be evident. The preventive and corrective measures that it can recommend will only succeed if there is very close co-operation with the clinic by the families and schools concerned. This can only be built up over a period of time and with the help of all who are indirectly involved. Close liaison by the School Medical and School Psychological Services is essential.

**Table A**

	Mentally Ill Under 16	Mentally Ill Over 16		Subnormal		Severely Subnormal	
		M.	F.	M.	F.	M.	F.
General Practitioners	...	10	4	1	2	—	—
Hospitals	...	1	2	2	1	—	—
L.E.A.	...	13	3	—	—	3	—
Courts	...	1	2	—	—	—	—
Other Sources	...	6	4	—	1	—	—
<b>TOTALS</b>		<b>31</b>	<b>15</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>2</b>

### *Case Load of Psychiatric Social Worker—*

Mentally Ill	Under 16	25 Males 11 Females
	Over 16	3 Males 3 Females
Psychopathic	Nil	
Subnormal	Under 16	3 Males 0 Females
Severely Subnormal	Under 16	2 Males 0 Females

Cases Referred for opinion of Educational Psychologist ... 21

### Preventive Care and After-Care

*Cases Referred.* By working closely with the Hospital and General Practitioner Services, the Mental Health Department had 359 cases referred during the year compared with 286 during the previous year. This increase has occurred wholly in the Central and Southern areas, where the numbers increased from 56 in the previous year to 129 now. Such an increase stretches the resources available in the areas, but when the extra Mental Welfare Officer is available, it is hoped that this will be in some part remedied.

Table B indicates the sources of referral in the three areas of the county. It will be seen from this that many more are referred by general practitioners in the north of the county than in the other areas.

TABLE B—REFERRALS

Fig. 1 makes comparison in the three county areas of the number of cases referred to Mental Welfare Officers with the numbers requiring informal and compulsory admission. If compared with the similar illustration last year, the same trend is evident in so far as the greater number that are referred to Mental Welfare Officers the greater is the number of informal admissions proportionate to those requiring compulsory admission under the appropriate section of the Mental Health Act.

### Admissions to Hospital

Admissions to hospital for mental illness and subnormality	...	159
Admissions to St. David's Hospital, Carmarthen	...	152
Admissions to hospitals for the subnormal	...	3
Admissions to other mental hospitals	...	4

Table C shows that the numbers admitted over the years have not changed greatly but there is a significant increase in the number of cases whose admission is helped by the Mental Health Department. At the same time, there has been some decrease in the rate of admission by compulsory powers under the appropriate section of the Mental Health Act, 1959, which is an encouraging sign.

Table C

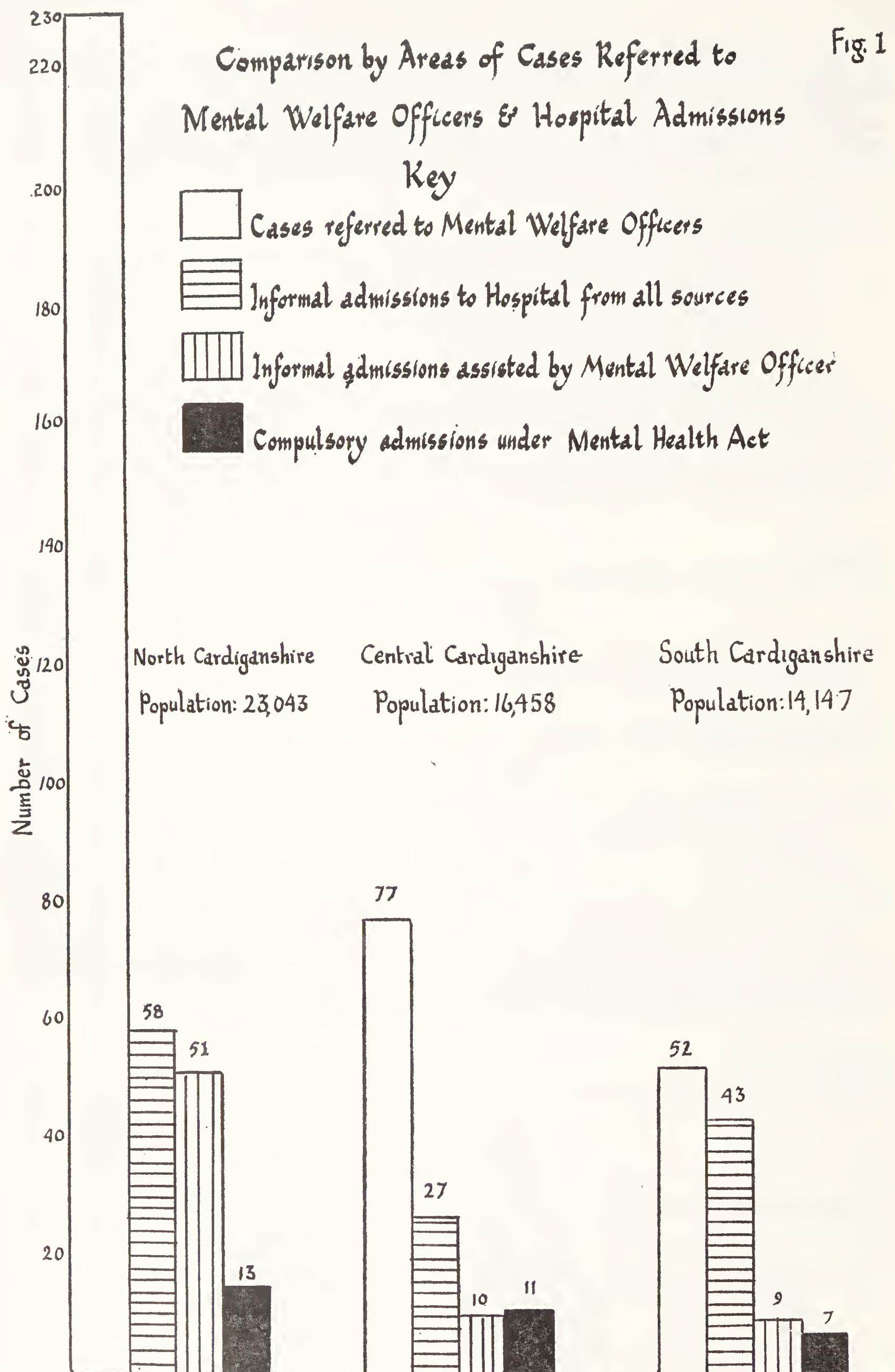
	1962	1963	1964	1965	1966	1967
Total admissions to St. David's Hospital, Carmarthen	... 132	154	152	142	145	152
Admissions assisted by Mental Welfare Officers	... 61 (45%)	86 (56%)	97 (65%)	76 (53.5%)	80 (55%)	101 (64%)
Rates of Admission per thousand of population :						
Informal	... 1.7	2.0	1.8	2.0	2.0	2.9
Under Section	... 0.8	0.9	1.1	0.7	0.7	0.5

Table D indicates the total number of admissions to hospital from the three regions of the county from all sources, showing overleaf the method of admission in the areas of those cases in which Mental Welfare Officers assisted.

Table D

Admissions from all sources	NORTH		CENTRAL		SOUTH	
	(Population : 23,043)		(Population : 16,458)		(Population : 14,147)	
	Male	Female	Male	Female	Male	Female
	32	39	26	12	20	30
	71			38		50
			Total ...	159		

Fig. 1



### Admission by Mental Welfare Officers :

		NORTH		CENTRAL		SOUTH		<i>Total</i>
		<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Informal	...	21	30	5	5	2	7	70
Sec. 29	...	5	5	10	—	4	3	27
Sec. 25	...	1	1	—	—	—	—	2
Sec. 26	...	1	—	1	—	—	—	2
		28	36	16	5	6	10	101
		64		21		16		101

### After-care of the Mentally Ill

Table E shows the number of cases visited for this purpose in the different regions by Mental Welfare Officers.

**Table E**

		<i>Male</i>	<i>Female</i>
North	...	35	39
Central	...	18	8
South	...	17	19
		—	—
		70	66
		136	
		—	

As there is no hostel available to help in this, most cases can be helped only by home visits. To some extent, the Welfare Authority with Part III accommodation and Bryntirion Home, Tregaron can meet the needs of some cases to a limited extent. During the year, the Welfare Authority co-operated by making available accommodation for six cases, while Bryntirion Home helped to accommodate three such cases.

### Bryntirion Home, Tregaron

Apart from helping occasionally to provide after-care for cases already mentioned and to act as a place of safety occasionally for cases under the Mental Health Act, 1959, this Home caters for elderly confused females who cannot be managed in normal Part III accommodation. During the year, the 34 places have been fairly well occupied. The bulk of the residents are over 75 years of age which adds greatly to the work required to give them adequate care. In this the Home is fortunate in having good staff.

Table F shows the sources of admissions and destination of discharges over the year. I think it is particularly important to note that 12 of the 25 admissions were from their own homes and that 9 of the 25 discharges went either back to their own homes or to welfare or hostel accommodation. While many may come to the Home permanently, it is important to emphasise that this is not necessarily the inevitable outcome in all cases.

Table F

Number of residents at Bryntirion Home on 1.1.67	34
<i>Admissions during 1967 :</i>	
From Homes ...	12
From Mental Hospital ...	2
From Welfare Homes ...	5
From Geriatric Hospital ...	3
From General Hospital ...	2
Others ...	1—25
<i>Discharges during 1967 :</i>	
Died ...	8
Welfare Homes ...	2
Geriatric Hospital ...	2
General Hospital ...	2
Mental Hospital ...	4
Home ...	6
Hostel ...	1—25
Number of residents at the Home on 31.12.67	34

Table G shows the admissions and discharges since it was opened in May, 1961. In 1966, the number of places rose from 26 to 34.

Table G

		<i>Admissions</i>	<i>Discharges</i>
1961	...	42	16
1962	...	23	24
1963	...	31	26
1964	...	20	21
1965	...	12	15
1966	...	31	23
1967	...	25	25
		<hr/> 184	<hr/> 150

The medical care given to the residents by the local medical practitioners is of great help in their well-being. This is also reinforced by the readiness of the staff of St. David's Hospital to visit when required or to see patients at their out-patients clinic. The support given to the Home by the local Ministers of Religion and the League of Friends are also important factors that contribute much towards assisting the staff to make the residents as happy and relaxed as is possible in the circumstances.

#### Subnormality

Dr. Michael Craft, the Consultant in Subnormality visited the county to hold two clinics.

## Cases Referred

These cases are indicated in Table B showing sources of referral and the area of the county in which the referrals live.

## Hospital admissions

Table H gives details of Cardiganshire cases resident in hospitals for the subnormal at the end of the year. Three cases were admitted during the year for short-term care—one male and one female adult and one male child.

**Table H**

<i>Hospital</i>			<i>Male</i>	<i>Female</i>	<i>Total</i>
Pantglas Hall, Carmarthen	...	...	—	6	6
Ely Hospital, Cardiff	...	...	2	—	2
Hensol Castle, Llantrisant	...	...	4	5	9
Llanfrechfa Grange, Cwmbran	...	...	—	1	1
Eryri, Caernarvon	...	...	—	1	1
Garth Angharad, Dolgellau	...	...	1	—	1
Llwyn View, Dolgellau	...	...	—	1	1
Broughton, Chester	...	...	—	1	1
Brynhyfryd, Welshpool	...	...	3	—	3
Llys Maldwyn, Caersws	...	...	4	4	8
			—	—	—
			14	19	33
			—	—	—

## After-Care

Table I indicates the number of cases under 16 years and over 16 years of age, who are subnormal and require care at home or Training Centre. Health Visitors as well as Mental Welfare Officers supervise their welfare, depending upon the age and nature of the case. Every endeavour is being made to work together with the parents as early as possible in order to get them to accept any degree of handicap a child may have. This is difficult and time consuming work, but should be patiently continued from as early an age as possible.

**Table I**

<i>Subnormals</i>	<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
North	9	7	20	14	50
Central	10	12	21	7	50
South	7	5	11	18	41
<b>TOTALS</b>	<b>26</b>	<b>24</b>	<b>52</b>	<b>39</b>	<b>141</b>

**Bronaeron Junior Training Centre** continues to be the focus of help for the severely subnormals in the county. Its numbers have increased from 29 pupils on the register on 1.1.67 to 33 pupils on 31.12.67, while at that date two cases were awaiting admission at the start of the next term.

Seven cases were admitted during the year 1967. One case left the area and was transferred to the appropriate Training Centre in the new area. One case was re-classified and left Bronaeron for Special Educational Training in a normal school. One further pupil was admitted to the Eryri Special Unit under Dr. Craft.

The year under review saw the return of one Assistant Supervisor after completing her training. Now two of the four Assistant Supervisors are back from training. This is of great help especially as the numbers admitted are now greater than was originally envisaged. Another step of importance occurred during the year when, with the co-operation of the Education Authority, the Speech Therapist is able to have a session with the children each week.

The increased numbers were only possible when a fourth vehicle had been delivered. Unfortunately, this was later than at first anticipated, which resulted in several pupils having their starting date delayed. However, with the delivery of the new vehicle, all the children that were required to attend are now able to be brought daily to the Centre.

### **Voluntary Bodies**

Bronaeron has also had generous support from religious and voluntary bodies. The Cardiganshire Branch of the Mentally Handicapped Society is very active in our county and uses Bronaeron as a convenient centre for its meetings. The Society generously supports the activities of the Training Centre itself and also supports the wider cause of those who are mentally retarded, not only of similar age to those in Bronaeron, but also adults with similar handicaps. This is important to remember. Indeed, the aims of the Local Health Authority and the Society are complementary, and should together further the welfare of the mentally retarded of all ages and varying degrees of security. When it is remembered that 2% of the population have some degree of mental handicap, there is obviously a scope for expansion of varying services to meet these needs. The help of the voluntary bodies can be of immense help in this respect if properly co-ordinated, so that the resources available are not duplicated.

C. D. EDWARDS  
*Deputy County Medical Officer*

## Section 17—SANITARY CIRCUMSTANCES

### Report of Mr. Evan Richards, County Public Health Inspector

#### Milk (Special Designations) Regulations, 1963

The duties imposed on the County Council under these Regulations are :—

- (i) the licensing and supervision of milk pasteurising plants ;
- (ii) the licensing of dairies where milk is bottled other than at the place of production, and
- (iii) the granting of licences to retail milk which has been bottled at other premises and is obtained pre-packed by these retailers.

The County Council has delegated the work to the Health Committee and the Order is administered as follows :—

- (i) The certification of premises and the supervision of the handling, treatment and bottling is carried out by the County Public Health Inspector.
- (ii) Routine samples of milk are taken by the Weights and Measures Inspectors at the same time as samples taken under the Food and Drugs Act.

The number of licences in force at the end of the year were as follows :—

1. No. of licensed pasteurising plants	...	...	...	...	2
2. No. of dairies where milk is bottled		...	...	...	11
3. No. of premises licensed for the re-sale of pre-packed milk			...	...	49

Fifty-three visits were made to the two pasteurising plants located at the Milk Marketing Board's Creamery at Felinfach and Frondeg, Blaenplwyf, respectively for the purpose of checking the pasteurising plants and routing sampling. All the samples subscribed satisfied the prescribed tests laid down in the Order as to adequacy of pasteurisation. Thirty-six visits were also paid to the other dairies where milk bottling is carried out.

#### Diseases of Animals

Under Section 31 of the Food and Drugs Act, 1955, it is forbidden for any person knowingly to sell milk from any cow suffering from tuberculosis, infection of the udder, anthrax or foot-and-mouth disease. It is the duty of the County Council to enforce these restrictions and for that purpose there is close liaison with the Animal Health Division of the Ministry of Agriculture, Fisheries and Food, whose Veterinary Inspectors inform the County Medical Officer of possible sources of infection discovered at routine clinical examination of the herds.

Two suspected cases of anthrax were notified during the year but only one was subsequently confirmed. A number of infections of the udder was reported, mainly mastitis. Despite the national outbreak of foot-and-mouth disease no cases occurred within the County.

In accordance with Circular 17/66 from the Welsh Board of Health on brucellosis a total of 273 milk samples from retail purveyors and schools supplied were submitted to the Public Health Laboratories for examination for Br. abortus infection. A number were reported as being positive when examined by the Ring Test but in each case subsequent tests proved to be negative, showing that the positive Ring Test result was due to inoculation of the cattle with S.19.

#### Infectious Disease

The Table on page 12 shows the incidence of infectious diseases notified by local authority areas. Apart from a seasonal outbreak of measles, mainly in the Aber-

ystwyth and Teifi side areas, the only diseases of any significance were five cases of Sonne dysentery and three cases of food poisoning by *Salmonella Tiphimurium*, all of which were isolated cases of unknown origin.

### Tuberculosis

During the year 20 new cases of tuberculosis were notified by the Chest Physician, 18 being pulmonary tuberculosis and the other 2 being non-pulmonary.

Each new case is investigated as to the environmental conditions at the home, in order to prevent the spread of infection, and any adverse conditions are reported to the District Medical Officer of Health for action by the local Sanitary Authority. Similar action is taken when a person is discharged from hospital. Premises and clothing are disinfected after admission of pulmonary cases to hospital and also in the event of a death at home.

The figures of new cases notified for the first time in each year since 1952 are given below :

Year	New Cases		No. of Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1952	36	7	12	3
1953	47	2	14	1
1954	44	7	5	2
1955	37	5	4	1
1956	43	8	9	2
1957	35	8	6	1
1958	29	3	2	Nil
1959	30	8	5	Nil
1960	25	6	8	2
1961	33	5	8	Nil
1962	18	7	1	1
1963	23	5	1	1
1964	17	5	4	2
1965	14	9	3	Nil
1966	17	3	2	1
1967	18	2	4	Nil

## Housing

Under Section 116 of the Housing Act, 1957, it is the duty of the County Council to have constant regard to housing conditions in each rural district within its area with particular reference to overcrowding and other unsatisfactory housing conditions. It has also to see that sufficient steps are being taken by the district authorities to remedy these conditions and to provide additional housing.

### New Housing

The following table shows the number of new dwellings erected by the various authorities during the year and also since the end of the last war :—

**NEW HOUSES BUILT FROM 1945 TO 31.12.67**

	<i>Local Authority Houses</i>			<i>Privately Built Houses</i>		
	No. under construction at 31.12.67	No. completed in 1967	No. completed since 1945	No. under construction at 31.12.67	No. completed in 1967	No. completed since 1945
Aberystwyth Borough	93	10	406	7	1	145
Cardigan Borough ...	—	22	357	21	15	166
Lampeter Borough ...	—	16	131	15	6	32
Aberaeron Urban ...	25	—	59	4	2	55
New Quay Urban ...	—	—	34	3	3	19
Aberaeron Rural ...	18	28	342	36	25	184
Aberystwyth Rural ...	31	48	394	52	64	600
Teifi-side Rural ...	58	82	463	60	39	267
Tregaron Rural ...	—	6	117	6	8	74
Whole County ...	225	212	2,303	204	163	1,542

In addition to the figures given above tenders had been accepted before the end of the year for the building of a further 33 houses by the Teifi-side R.D.C.

### Unfit Houses

Although there are no "slum" areas in the county within the broad outline of what is usually taken to be a slum there are a number of unfit houses scattered throughout the area. The standard for judging the fitness of a house is Section 4 of

the Housing Act, 1957, which lays down that a house is unfit for human habitation if it is defective in one or more of the following matters : repair, stability, freedom from damp, natural lighting, ventilation, water supply, drainage, and sanitary conveniences, and facilities for the storage, preparation and cooking of food. This covers a very wide range of defects so that the number of properties shown as unfit could range from a damp dilapidated cottage at one extreme to a reasonably sound dwelling that can be made fit at a reasonable cost by certain improvement works. As no planned survey of these properties has been carried out since 1954 no reliable estimate can be given of the number of unfit houses as the number is continually changing for various reasons ; some are thoroughly overhauled and improved when they change ownership and others are converted to week-end or holiday cottages by visitors to the area so that only in respect of a small proportion of them do the local authorities have to resort to statutory notices for the serving of either demolition or closing orders.

A sample survey of housing conditions was carried out in certain selected areas of England and Wales during 1967 which showed that approximately 13% of the houses in the rural districts were unfit by reason of one or other of the defects laid down in the 1957 Act standard and there is no reason to believe that this figure is not fairly accurate for the rural districts of Cardiganshire. Action for dealing with such properties falls into two categories, namely advisory work for improving those properties that can be salvaged and statutory action for either demolishing or closing the remaining properties where the owners are either unable or unwilling to carry out the necessary works.

The following table shows what action was taken by the four rural district councils during the year for dealing with individual unfit houses. It is usual for statutory action to be taken as and when the houses become vacant.

<i>Name of Authority</i>	<i>Estimated No. of unfit houses Survey 1955</i>	<i>No. closed or demolished in 1967</i>	<i>Total No. closed or demolished since 1955</i>
Aberaeron R.D.C. ...	200	—	125
Aberystwyth R.D.C. ...	86	—	48
Teifi-side R.D.C. ...	366	1	20
Tregaron R.D.C. ...	213	—	39

### Housing Improvement Grants

In common with most other rural authorities it is the policy of the four rural district councils to encourage property owners to improve their houses with the aid of grants wherever possible rather than have to resort to statutory action for demolishing houses and it is this policy which is undoubtedly responsible for the small number of houses actually demolished. A recent Government White Paper "Old Houses into New Homes" supports this policy of improving older houses rather than let them fall into decay and legislation is proposed to allow for a greater share of public investment in housing to be devoted to the improvement of older houses rather than has been the case during the last twenty years when the main aim of housing policy was to provide new houses.

Discretionary grants of up to £400 or half the cost, whichever is the smaller, can be given at the discretion of the local authority for the improvement of a house if it complies with certain conditions as regards ceiling heights and window areas, and a standard grant of up to £155 can be claimed as of right for the fitting of modern sanitary conveniences, baths and hot water supplies, and this can be increased to £350 where it is necessary to construct a new building to house the bathroom and to provide a septic tank or cesspit.

A summary of the work of the Rural District Councils in this field during 1967 is as follows :—

<i>Name of Authority</i>	<i>Number of discretionary grants approved</i>	<i>Number of standard grants approved</i>	<b>TOTAL</b>
Aberaeron R.D.C.	... 17	26	43
Aberystwyth R.D.C.	... 31	28	69
Teifi-side R.D.C.	... 33	56	89
Tregaron R.D.C.	... 11	19	30

The present maximum figure of £400 for a discretionary grant has remained at the same level since it was first introduced in the Housing Act, 1949, and on account of the increase in costs of both labour and material since then the value of the grant has decreased correspondingly but in the White Paper referred to above it is the Government's intention to increase this maximum amount of Discretionary Grant to £1,000 per property and to increase the Standard Grant to £200. This will make it easier for local authorities to encourage both landlords and owner/occupiers to improve their properties and will undoubtedly prevent many older houses from being allowed to fall into decay.

#### Rural Water Supplies and Sewerage Acts, 1944—1965

Under the provisions of these Acts local authorities are required to provide a supply of wholesome water in pipes to every rural locality in which there are houses or schools. In order to enable this to be done the Ministry of Housing and Local Government makes grants available towards the cost of such works as the expense of providing either a piped water supply or a sewerage scheme is considerably greater in rural areas with a scattered population than in a built-up urban area.

The Act requires that where a local sanitary authority or a joint board apply for a Ministry grant the proposals have to be referred to the County Council for their observations and such observations are considered by the Ministry before approving the schemes. Where a Ministry grant is made, the County Council is likewise required to make a grant, and it is the County Council's policy to grant the equivalent of 50 per cent of the Ministry grant.

## Water Schemes

The following applications by the Cardiganshire Water Board for grants towards extensions of public water mains were approved during the year :—

- (i) An extension from Penrhiw, Llanilar to Rhosygarth to supply 14 properties at an estimated cost of £4,731.
- (ii) A branch from the Cardigan trunk-main near Banc-y-Warren to supply 6 properties at an estimated cost of £1,200.
- (iii) A branch main from Bethania on the Teifi Pools Distribution System to Trefenter and Llangwyryfon to supply 35 properties and Cofadail School at an estimated cost of £16,200. At Llangwyryfon this branch main will be connected to the Northern Division Distribution System and will enable a bulk transfer of water to the Northern mains when required.
- (iv) An extension from Pont Gogoyan near Llanddewi Brefi to a point near Pentre Richard, Llanddewi Brefi, to supply ten properties at an estimated cost of £2,328.
- (v) A small extension from Pen-y-graig to Llan-faelog, Penuwch, to supply five properties at an estimated cost of £1,000.
- (vi) A scheme to take a mains supply from Penrhyncoch on the Northern Division scheme to Salem, Tredeurig, Goginan, Cwmbrwyno and Ponterwyd at an estimated cost of £52,000. Apart from supplying Goginan (75 properties) and Ponterwyd (65 properties) which already have local schemes the new main will provide a piped supply for the first time to 94 properties en route which are now dependent on shallow wells or small spring sources.

## Sewerage Schemes

The following new schemes for sewerage and sewage disposal works were submitted and approved during the year :—

- (i) A scheme submitted by the Teifiside R.D.C. for a sewerage scheme for Penyparc. The scheme will cater for 110 properties and is estimated to cost £47,000. A major difficulty to the provision of a sewage disposal system for this area is the absence of a stream or river of sufficient flow to provide an adequate dilution for the effluent but in order to overcome this it is proposed to instal an oxidation ditch and to "polish" the effluent by passing it over grass plots before it is eventually discharged into the stream.
- (ii) A scheme submitted by the Aberaeron R.D.C. for a sewerage and sewage disposal scheme for the village of Mydroilyn at an estimated cost of £23,000. Approximately 40 properties are covered by the scheme.
- (iii) A scheme submitted by the Aberaeron R.D.C. for a small extension of the sewerage system at Ciliau Aeron to cater for 7 houses at an estimated cost of £5,500.
- (iv) A scheme submitted by the Aberaeron R.D.C. for a sewerage and sewage disposal system for the village of Drefach and parts of Llanwenog to cater for approximately 50 properties at an estimated cost of £46,000.
- (v) A scheme submitted by the Aberaeron R.D.C. for a sewerage and sewage disposal scheme for the village of Cellan to cater for 40 houses at an estimated cost of £39,000.

(vi) An outline scheme submitted by the Aberystwyth R.D.C. for a joint sewerage scheme for the villages in the Lower Ystwyth Valley comprising Rhydyfelin, Llanfarian, Blaenplwyf, Chancery, Llanilar, Pentrellyn, Llanafan, Abermagwr, Cnwch Coch, Llanfihangel-y-Creuddyn and Capel Cynon, and for one large disposal works with the effluent being discharged into Afon Ystwyth near Rhydyfelin. Apart from Llanfarian none of the villages is provided with proper sewerage systems other than small units provided for dealing with local authority housing estates.

No estimate of the cost of the scheme was given but it is undoubtedly expensive per property to be served on account of the long lengths of unproductive sewers between villages.

During the year work proceeded on the following schemes which had previously been approved :—

- (i) The sewerage scheme for Gorsgoch was completed by the Aberaeron R.D.C.
- (ii) Work continued on the joint sewerage scheme for the villages of Llwyndafydd, Nanternis and Caerwedros by the Aberaeron R.D.C. Work at the first two villages had been almost completed by the end of the year and a start had been made in the laying of sewers at Caerwedros.
- (iii) Work on the Felinfach and Temple Bar sewerage scheme continued throughout the year and the work is by now almost complete.
- (iv) A tender was accepted and work commenced before the end of the year on the sewerage and sewage disposal scheme for Llanfair Clydogau by the Aberaeron R.D.C.
- (v) Work continued throughout the year on the Borth and Ynyslas sewerage scheme by the Aberystwyth R.D.C. and it is expected that the scheme will be operated by the summer of 1968.
- (vi) The joint sewerage scheme for Adpar and Newcastle Emlyn Urban District Council was completed by the Teifi side R.D.C.

Apart from the schemes that have been formally submitted a considerable number of schemes for other villages are in the preliminary stages and it is evident that the local authorities are still faced with years of work in this particular field.



CARDIGANSHIRE EDUCATION COMMITTEE

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ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

for the year

1967



## To the Chairman and Members of the Education Committee

I have pleasure in presenting the Annual Report of the School Health Service for the year which ended on December 31st, 1967.

During the year the newly-established Child Guidance Clinic under the consultant child psychiatrist, Dr. Evan Davies, established itself firmly and proved a boon to the local health and education authority. Mrs. Mair Piette, the psychiatric social worker who was formerly on the staff of the authority, was able, owing to reduced family commitments, to rejoin the staff and her services were very welcome. The amount of time which the educational psychologist who embraces Carmarthenshire, Pembrokeshire, and Cardiganshire is able to devote to Cardiganshire is insufficient for the county's needs. As a temporary measure the services of a lecturer from the University College of Wales, Aberystwyth, who was formerly educational psychologist to the Staffordshire County Council were obtained for one session per week but the time devoted by both men falls considerably short of that recommended in the Ministry of Education Circular. In order that the assessment of children may be carried out satisfactorily it is imperative that more time be devoted by an educational psychologist to Cardiganshire.

The services of a full-time speech therapist were obtained during the year. One of the branches which lags behind at present is audiometry and steps will, in my view, have to be taken to obtain the services of a full-time audiometrist who can go around all the schools in the county to screen children for defective hearing. The major impairment of hearing are easy to detect : it is the lesser ones which escape notice and which not infrequently lead to lack of educational progress on the part of the school child.

During the latter part of the year Dr. A. T. Wynne, one of the Ministry of Education's dental officers, paid a week's visit to Cardiganshire and the Principal School Dental Officer and I had lengthy discussions with him about the problems of school dentistry in rural areas.

A more detailed account of School Health work is given in the ensuing pages. A section on Dental Health has been prepared by Mr. W. D. Percival Evans, J.P., the Principal School Dental Officer, and one on the School Psychological Service by Dr. Cyril James, the Consultant Educational Psychologist. Mr. Evan Richards, the County Public Health Inspector, deals with the hygiene of school kitchens and canteens, school water supplies and sanitation, and the milk in schools scheme.

I. MORGAN WATKIN,  
*Principal School Medical Officer*

**REPORT OF MR. W. D. PERCIVAL EVANS,  
PRINCIPAL SCHOOL DENTAL OFFICER**

I submit herewith, Mr. Chairman, my report on the School Dental Service for the year ended on December 31st, 1967.

The routine inspection and treatment of school children continued as usual throughout the year although the Department was handicapped for some time by sickness among the staff.

Fluoridation again occupied the attention of the Health Committee of the County Council and I feel that it is regrettable that, after hearing the views of Professor John Miller, the Head of the Department of Preventive Dentistry at the new University Dental School in Cardiff and of Dr. C. G. Dobbs of the University of North Wales, Bangor, it was resolved not to fluoridate the water supply in the county.

During the latter part of the year Dr. A. T. Wynne, one of the Ministry of Education Dental Officers, paid a week's visit of inspection to Cardiganshire. He was shown our new clinics at Aberystwyth and Lampeter and the clinic at the new junior training centre, Ysgol Bronaeron. The County Medical Officer and I had several long and useful discussions with him about matters affecting the dental care of school children.

It is hoped that steps will shortly be taken to erect a Health Centre at Cardigan so that the most modern dental facilities will be made available for treating children in that area.

The question of appointing dental auxiliaries to the staff of the Department was considered but it is felt that so long as we are able to retain our existing complement of dentists the Ministry's suggestion does not call for action.

Posters on dental health education were put up in suitable places throughout the year but more could probably be done in this field if the authority possessed a Health Education Officer.

A more detailed account of the work is given in the ensuing tables.

W. D. PERCIVAL EVANS,  
*Principal School Dental Officer*

**REPORT OF MR. EVAN RICHARDS**  
**COUNTY PUBLIC HEALTH INSPECTOR**

### **Milk-in-Schools Scheme**

All primary and secondary schools in the county continued to be supplied with drinking milk throughout the year despite several changes in the sources of supply. The policy of the Education Committee is to supply pasteurised milk in one-third bottles wherever possible and the changes that took place during the year increased from 59 to 67 the number of schools obtaining a pasteurised supply.

The classification of supplies to the 106 schools and other establishments covered by the scheme at the end of the year were as follows :—

No. receiving pasteurised milk in one-third pint bottles	...	...	67
No. receiving untreated milk in one-third bottles	...	...	21
No. receiving untreated milk in bulk containers	...	...	18

The schools receiving milk in bulk containers are the smaller schools in areas where it is impossible to obtain a bottled supply and are supplied in each case by a neighbouring farm.

Samples of both the pasteurised and untreated supplies are submitted to the Public Health Laboratory for the statutory tests and all the raw milks are tested for Br. abortus but no confirmed cases of this were found. During the year a total of 241 visits were made to schools, dairies and farms in connection with this work.

### **Infectious Disease**

Apart from outbreaks of measles, mainly in the Aberystwyth and Teifi side areas, there were no outbreaks of any other notifiable infectious disease involving any of the schools.

During the year the old system of communal roller towels was abolished and all schools were supplied with disposable paper towels. In some schools the disposal of these paper towels gave rise to problems of disposal but these were soon resolved and it is certain that this system will assist in preventing the spread of disease. Whilst the popular advice of "Now wash your hands" has always been a valuable motto in the field of public health it did at times give rise to certain misgivings when one looked at a roller towel that had already been handled by a number of other hands.

### **School Kitchens and Canteens**

During the year 283 visits were made to the various school kitchens and canteens for the purpose of checking on the fitness or otherwise of the food supplies and with particular reference to meat supplies. At the same time a check is made on the general standard of hygiene within the kitchens with reference to the Food Hygiene Regulations, 1960.

The general standard of hygiene continues to be satisfactory and it is a pleasure to report that this year again there have been no cases of food poisoning reported from any of the 83 canteens which supply, on average, approximately 7,000 meals per day.

Whenever a school is re-modelled the kitchen and dining-facilities are included in the projects and considerable improvements have been carried out in the kitchens of some of these older schools during the last few years. Two schools that were improved during the year were those at Llechryd and Felinfach, where there are now excellent facilities for the cooking and serving of the mid-day meal.

Whilst the standard of the kitchen equipment at most of the schools is of a high standard and capable of being easily cleansed there are still some older canteens which are equipped with old wooden draining boards and work tops, which have reached the stage where they cannot be efficiently cleansed by scrubbing and it is again recommended that all of these should be replaced by either stainless steel, Formica or similarly surfaced fittings in order to comply with the requirements of the Food Hygiene Regulations.

### School Water Supplies

There are now only two schools in the county that are not connected to the mains water supply of the Cardiganshire Water Board. One is the Trefeurig C.P. School which is supplied from a private source on land behind the school and the other is Cofadail C.P. School which is supplied from a well within the school grounds. Proposals submitted by the Board during the year provide for mains extensions that will enable a supply to be taken to both of these and it is hoped that early Ministry approval will be given to both schemes so that the target of having every school on the mains supply will be achieved.

EVAN RICHARDS,  
*County Public Health Inspector*

## SCHOOL PSYCHOLOGICAL SERVICE

### Report of Dr. Cyril James, Consultant Psychologist

The Cardiganshire School Psychological Service has continued to operate as in previous years in accordance with a system which subsequently became familiar in the pamphlet of the British Psychological Society. It works in close consultation with the School Health Service and Psychiatric Service and in particular with the teaching staff of the schools. As well as being concerned with the assessment, treatment and placement of handicapped pupils the Psychologist is also involved in the facilities arranged for the general education of ordinary pupils in the schools themselves in such a manner that the curriculum and methodology can be modified to meet the need of the pupil concerned whether he may be a "high-flier" or an educationally subnormal pupil.

Such complementary aspects of both advisory and clinical work form a basis of the Psychological Service which aims at creating an educational climate calculated to foster the mental health of the individual child whether he is well-adjusted to his scholastic environment or whether he is in need of special treatment as a mentally or physically handicapped pupil.

The following are details of children examined by the Educational Psychologist during 1967 and recommended for various forms of special educational treatment.

**Table I—PSYCHOLOGICAL DIAGNOSTIC EXAMINATIONS**

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
(i) Educationally			
(a) Retarded	8	2	10
(b) Backward	6	2	8
(c) Dull	7	4	11
(ii) Subnormal (unsuitable for education at school)	3	—	3
(iii) Maladjusted (wholly)	2	—	2
(iv) For Educational Guidance	5	1	6
(v) Gifted Pupils	1	—	1
Total	32	9	41

Children were referred for various types of treatment as follows :

**Table II**  
**RECOMMENDATIONS FOR SPECIAL EDUCATIONAL TREATMENT**

		<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Residential Special School				
(a) E.S.N.	...	6	2	8
(b) Partially Sighted	...	—	—	—
Ordinary School : Remedial Unit	...	14	1	15
Ordinary School : Observation	...	12	6	18
Junior Training Centre (Felinfach)		2	—	2
Audiometric Examination	...	—	—	—
Speech Therapy	...	2	1	3
Psychiatric Referral	...	8	3	11
Paediatric Referral	...	1	—	1
Neurological Referral	...	—	—	—
Remedial Teaching	...	9	4	13
Vocational Guidance*	...	—	—	—
Educational Guidance	...	5	1	6
Hospital Special Units	...	—	—	—
Home Tuition	...	1	—	1
Medical Opinion (inc. Orthop.)	...	13	8	21

\*children who left Highmead Residential Special School are referred to the Youth Employment Officer.

In addition to those children who were examined by the Psychologist during 1967 other pupils who had been treated in previous years were kept under supervision.

Furthermore, the screening of children took place as a preliminary procedure pending the transfer of educationally subnormal pupils to Highmead Residential Special School where facilities have been extended during the year to cope with a greater intake and to reduce the waiting list.

The improved arrangements will include such amenities as a more efficient kitchen, dining room, hall with physical education apparatus, modern classrooms which allow more room for creative work and further the teaching technique by emphasizing perceptual and sensori-motor involvement in the learning process.

Although basically the children transferred to Highmead Residential Special School tended to be those who suffer from sociological difficulties the Authority sought to treat as many handicapped children as possible locally. Thus the new Primary School at Cardigan was opened during the year and included a highly practical Remedial Unit designed by the County Architect. This Unit has separate access, toilet and ablution facilities which have been integrated into the remainder of the School.

A Survey of such pupils who were deemed to require such special educational treatment is described in the following statistics :—

**Table III**

**SURVEY OF PUPILS DEEMED PROVISIONALLY TO RECEIVE S.E.T.**

		<i>All Age Groups</i>		
		<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Subnormal ...	...	2	3	5
Dull ...	...	24	7	31
Backward ...	...	44	21	65
Retarded ...	...	10	2	12
Maladjusted ...	...	8	1	9
Unclassified		30	14	44
Total ...	...	118	48	166

The following statistics relate to children admitted to and discharged from Highmead Residential Special School during 1967 :

**Table IV**

**S.E.T. AT HIGHMEAD RESIDENTIAL SPECIAL SCHOOL FOR E.S.N.  
PUPILS**

	Admissions 1967			Discharges 1967			Resident 31.12.67		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Carmarthenshire	2	5	7	2	5	7	23	19	42
Pembrokeshire	2	3	5	2	2	4	11	11	22
Cardiganshire	1	—	1	—	—	—	10	4*	14
Out/County	—	—	—	—	1	1	—	1	1
Total	5	8	13	4	8	12	44	35	79

Total on Roll :—31st December, 1966—78 (Boys 44 and Girls 34)

Total on Roll :—31st December, 1967—79 (Boys 44 and Girls 35)

(\*—3 Regulars and 1 Day Pupil).

Highmead Residential Special School continued to find favour in the minds of the better informed parents who have come to realise the value of special educational treatment. Teachers likewise have become more sophisticated in their assessments particularly in Carmarthenshire and Pembrokeshire where the so-called "eleven-plus" has been replaced by cumulative school records.

The pupils have made relatively satisfactory progress having regard to the limitations of their mental capacity. The permissive approach tempered with benevolent discipline has helped to foster the general welfare and educational progress of the children. The tendency to treat as many pupils as possible locally has introduced children of lower mental ability into the School so that the consequent educational improvements are more limited.

It is important, therefore, to note that more children of limited ability are leaving as "unemployable" and according to the Department of Education & Science no facilities are available for their training in the United Kingdom.

A one term training course has been initiated at Pengwern Hall, Rhuddlan, by the National Association for Mentally Handicapped Children. One Highmead leaver was found a place and as a result profited socially. He will, however, still require parental support if he is to cope with even the most menial of tasks.

It would appear that pupils in the I.Q. range 50—60 whose personality is not sufficiently mature to face the hard realities of the ordinary world will require help from sheltered workshops under the aegis of the County Welfare Committee.

It is respectfully suggested that measures for Social Security should also be more realistic and face up to the fact that a substantial section of the population of the United Kingdom is educationally subnormal and virtually unemployable. Such young people who eventually become men and women require special facilities and after care social service is required to deal with what is a perennial problem.

Through the co-operation of the Directors of Education of the three Authorities facilities for day Units have gradually been improved and the respective Youth Employment Officers have arranged for the school leavers to receive Vocational Guidance although as indicated above provision of after-care for educationally subnormal pupils who leave school will continue to present a serious problem.

The Psychologist continues to keep the progress of ascertained pupils under a systematic review. This is done by frequent visits to schools and constant consultations with Headteachers and teaching staff.

All age groups are also systematically surveyed throughout the three counties by means of a Handicapped Pupils Return as a preliminary form of screening before individuals are ascertained as being in need of various special facilities.

Thus arrangements were made for the following handicapped pupils to receive Special Educational Treatment.

Table V—S.E.T. AT RESIDENTIAL SCHOOLS

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Blind	...	...	—	—	—
Partially Blind	...	...	—	2	2
Deaf	...	...	2	—	2
Impaired Hearing	...	...	1	—	1
Delicate	...	...	—	—	—
Physically Handicapped	...	...	2	2	4
Maladjusted	...	...	3	1	4
Epileptic...	...	...	—	—	—
E.S.N.*	...	...	1	—	1
<b>TOTAL</b>	...	...	<b>9</b>	<b>5</b>	<b>14</b>

\*In addition to Highmead Residential Special School pupils

It has also been noted that in certain cases the pupils suffer from emotional disturbances as a result of sociological difficulties. Such difficulties are not confined to children of limited intelligence. There is an urgent need for a small school at Carmarthen with limited residential facilities for special educational treatment particularly where some of the children suffer other minor multiple handicaps. (It would appear that the Department of Education & Science have not found it possible to include finance for such a plan in the 1970-71 programme). Many pupils who have been ascertained by the Medical Officer and the Psychologist as requiring special educational treatment will not receive it.

The Day Remedial Unit at Penparcau C.P. School with secondary arrangement at Lampeter and Cardigan has been further reinforced by a larger permanent Unit adjacent to Cardigan C.P. School. These Units maintain close liaison with the local schools and accept pupils of relatively good intelligence who have become educationally retarded for a variety of physical or sociological reasons.

Table VI

## (i) PUPILS RECEIVING S.E.T. AT REMEDIAL UNITS

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
<i>Admissions</i>					
To Training Centre	...	...	1	—	1
Withdrawals	...	...	2	—	2
Discharges	...	...	11	—	11
			14	—	14
Attending at December, 1967	...		32	4	36

## (ii) PUPILS REQUIRING S.E.T. AT THE REMEDIAL UNIT

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Direct Referrals					
Ascertained :	...	...	20	3	23
Maladjusted					
Retarded	...	...	—	1	1
Backward	...	...	1	—	1
Dull	...	...	9	—	9
	Total	...	2	—	2
			32	4	36

Certain children ascertained as subnormal were transferred to the new Felinfach Junior Training Centre where excellent work is being carried on. The social improvement of one child was such that after a trial period she was transferred to Highmead Residential Special School.

A gradual balance of provision is being established between remedial arrangements at ordinary schools where designated class (for example at Cardigan) and remedial units at the Secondary Schools offset the residential facilities required for the more gravely handicapped, particularly on the emotional side where psychiatric treatment has now been made available by the Welsh Regional Hospital Board through a consultant service based at St. David's Hospital, Carmarthen.

Thus by dovetailing school records including the results of eleven-plus surveys with clinical assessments and case histories it has become possible through the School Psychological Service to facilitate the provision of a variety of types of education for different categories of pupils in such a manner that most pupils ranging from the quick to the slow learner and the physically handicapped have an equal opportunity of profiting from an education suitable to the particular stage of their development—physically, mentally and socially. In respect of the latter the co-operation of the Mental Health section of the Health Department has been particularly appreciated especially the work of the Health Visitors and Social Workers.

In brief, there has been close liaison between the School Psychological Service and the School Health Service as well as with the schools themselves whilst both the statutory services of the Local Authority and the Regional Hospital Board (including the psychiatric and paediatric services) have played their part in fostering the educational progress, mental health and general welfare of the children, the fit and the handicapped, through an integrated and comprehensive approach to their problems.

CYRIL B. E. JAMES,  
*Consultant Psychologist.*

## SPEECH THERAPIST'S REPORT

Total No. children treated	...	198
No. Discharged	...	114
No. still undergoing treatment	...	84
No. on Waiting List	...	54

In addition to the above, a random check of approximately 300 children was made over the county, 10% of whom were found to be speech defective, which is on par with the national average. This does mean, however, that somewhere in the region of 900 children probably require speech therapy to some degree.

Approximately 80% of the children treated suffered from non-organic speech defects, i.e., stammering, simple and multiple dyslalia. The remaining 20% was almost equally divided between simple organic defects and defects arising from mental subnormality.

J. E. HOLDING,  
*Speech Therapist*

**Part I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

**Table A—PERIODIC MEDICAL INSPECTIONS**

**Number of Pupils on Registers of Maintained Primary and Secondary Schools in January, 1968 ... 8,864.**

Age Groups Inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)			Total individual pupils
		Satisfactory No.	Unsatisfactory No.		for defective vision (excluding squint)	for any other conditions recorded at Part II		
1963 and later	—	—	—	—	—	—	—	—
1962	135	135	—	—	20	38	49	
1961	548	547	1	—	91	171	220	
1960	87	85	2	—	17	37	44	
1959	50	50	—	—	9	15	19	
1958	32	32	—	—	6	8	9	
1957	387	387	—	—	49	100	127	
1956	216	216	—	—	31	59	69	
1955	28	28	—	—	6	4	8	
1954	12	12	—	—	4	—	4	
1953	445	445	—	—	36	76	109	
1952 and earlier	265	265	—	—	29	48	59	
<b>TOTAL</b>	<b>2,205</b>	<b>2,202</b>	<b>3</b>	<b>—</b>	<b>298</b>	<b>556</b>	<b>717</b>	

99.87% of the pupils examined were found to be in a satisfactory physical condition, the percentage unsatisfactory being 0.13%.

### Table B—OTHER INSPECTIONS

**Notes :**—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections ...	...	...	54
Number of Re-inspections ...	...	...	494
Total ...			548

### Table C—INFESTATION WITH VERMIN

**Notes :**—All cases of infestation, however slight, are included in Table C. The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons ... ... ...	40,450
(b) Total number of individual pupils found to be infested ... ...	99
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ... ...	Nil
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ... ...	Nil

**Part II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR**

**Table A—PERIODIC AND SPECIAL INSPECTIONS**

**Note :—**All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they are under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				Special Inspections	
		Entrants	Leavers	Others	Total		
4	Skin      ...      ...      ...	T	2	11	1	14	—
		O	13	14	8	35	1
5	Eyes— <i>a.</i> Vision      ...      ...	T	15	34	26	75	—
		O	93	17	38	148	1
	<i>b.</i> Squint      ...      ...	T	8	3	2	13	—
6	<i>c.</i> Other      ...      ...	T	—	1	1	2	—
		O	—	1	—	1	—
		T	1	1	2	4	—
7	Ears— <i>a.</i> Hearing      ...      ...	T	2	2	5	9	2
		O	4	1	—	5	1
	<i>b.</i> Otitis Media      ...	T	10	2	6	18	2
8	Nose and Throat      ...      ...	T	2	—	—	2	—
		O	1	—	—	1	—
		T	9	2	5	16	—
9	Speech      ...      ...      ...	T	62	9	36	107	4
		O	3	—	5	8	—
10	Lymphatic Glands      ...      ...	T	8	1	3	12	1
		O	6	—	2	8	—
10	Heart      ...      ...      ...	T	15	3	8	26	—
		O	—	5	—	5	—
10		T	11	14	19	44	2
		O	—	—	—	—	—

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				Special Inspections
		Entrants	Leavers	Others	Total	
11	Lungs ... ... ...	T 6	4	3	13	—
		O 26	11	11	48	7
12	Developmental— <i>a.</i> Hernia ...	T —	—	—	—	—
		O —	1	1	2	—
	<i>b.</i> Other ...	T 1	2	—	3	—
		O 8	3	10	21	3
13	Orthopaedic— <i>a.</i> Posture ...	T 2	3	6	11	1
		O 1	8	6	15	1
	<i>b.</i> Feet ...	T 14	6	19	39	1
		O 34	6	23	63	2
	<i>c.</i> Other... ...	T 5	3	2	10	1
		O 8	9	4	21	8
14	Nervous System— <i>a.</i> Epilepsy ...	T —	—	—	—	—
		O 1	1	1	3	—
	<i>b.</i> Other ...	T —	1	—	1	—
		O 3	—	—	3	—
15	Psychological— <i>a.</i> Development	T 1	—	5	6	—
		O 3	5	5	13	—
	<i>b.</i> Stability ...	T —	1	—	1	—
		O 3	—	7	10	—
16	Abdomen ... ... ...	T —	—	2	2	—
		O 4	1	9	14	—
17	Other ... ... ...	T 3	7	1	11	2
		O 9	9	6	24	18

**Part III—TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)**

**Table A—Eye Diseases, Defective Vision and Squint**

					Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	...	...	...	...	38
Errors of refraction (including squint)	...	...	...	...	146
Total	...	...	...	...	184
Number of pupils for whom spectacles were prescribed	...	...	...	...	89

**Table B—Diseases and Defects of Ear, Nose and Throat**

					Number of cases
Received operative treatment	...	...	...	...	
(a) for diseases of the ear	...	...	...	...	15
(b) for adenoids and chronic tonsillitis	...	...	...	...	139
(c) for other nose and throat conditions	...	...	...	...	13
Received other forms of treatment	...	...	...	...	5
Total	...	...	...	...	172
Total number of pupils in schools who are known to have been provided with hearing aids :	...	...	...	...	
*(a) in 1967	...	...	...	...	Nil
(b) in previous years	...	...	...	...	1

\*A pupil recorded under (a) above is not recorded at (b) in respect of the supply of a hearing aid in a previous year.

**Table C—Orthopaedic and Postural Defects**

	Number of cases
(a) Pupils treated at clinics or out-patients departments ... ... ...	432
(b) Pupils treated at school for postural defects	15
Total	447

**Table D—Diseases of the Skin**

(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm—(a) Scalp ...	3
(b) Body ...	12
Scabies         ...         ...	3
Impetigo        ...        ...	7
Other skin diseases     ...	19
Total	44

**Table E—Child Guidance Treatment**

	Number of Pupils
Treated at Child Guidance Clinics ...	51

**Table F—Speech Therapy**

	Number of cases
Pupils treated by speech therapists ... ...	198

**Table G—Other Treatment Given**

	Number of cases known to have been treated
(a) Pupils with minor ailments ... ...	—
(b) Pupils who received convalescent treatment under School Health Service arrangements ... ... ... ...	—
(c) Pupils who received B.C.G. vaccination ...	711
(d) Other than (a), (b) and (c) above ...	—
<b>TOTAL</b> ... ... ... ...	<b>711</b>

**Table H—Child Guidance**

The Child Guidance Clinic has completed its first full year during the period under review and is building up its numbers as the statistics in Table H show. It will be some time before the full fruits of its labour will be evident. The preventive and corrective measures that it can recommend will only succeed if there is very close co-operation with the clinic by the families and schools concerned. This can only be built up over a period of time and with the help of all who are indirectly involved. Close liaison by the School Medical and School Psychological Services is essential.

	Mentally Ill				Subnormal		Severely Subnormal	
	Under 16		Over 16		M.	F.	M.	F.
General Practitioners	...	10	4	1	2	—	—	2
Hospitals	...	1	2	2	1	—	—	—
L.E.A.	...	13	3	—	—	3	—	—
Courts	...	1	2	—	—	—	—	—
Other Sources	...	6	4	—	1	—	—	—
	31	15	3	4	3	—	2	—

**Part VI—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY**

Number of Pupils on the Register of Maintained Primary and Secondary Schools including Nursery and Special Schools on January 1, 1968 ... 8,864

Attendances & Treatment	Ages 5 to 9	Ages 10 to 24	Ages 15 and over	Total
First Visit ...	1,110	720	419	2,249
Subsequent visits ...	715	1,335	772	2,822
Total Visits ...	1,825	2,055	1,191	5,071
Additional courses of treatment commenced ...	25	26	18	69
Fillings in permanent teeth ...	429	1,586	941	2,956
Fillings in deciduous teeth ...	256	15	—	271
Permanent teeth filled ...	429	1,539	915	2,883
Deciduous teeth filled ...	248	15	—	263
Permanent teeth extracted ...	136	427	342	905
Deciduous teeth extracted ...	1,747	322	—	2,069
General anaesthetics ...	1,109	344	90	1,543
Emergencies ...	94	43	32	169

Number of Pupils X-rayed ...	... 223
Prophylaxis ...	... 524
Teeth otherwise conserved ...	... 513
Number of teeth root filled ...	... 5
Inlays ...	... 2
Crowns ...	... 5
Courses of treatment completed ...	1,133

<b>Orthodontics</b>	Cases remaining from previous year ...	37
	New cases commenced during year ...	69
	Cases completed during year ...	23
	Cases discontinued during year ...	14
	No. of removable appliances fitted ...	62
	No. of fixed appliances fitted ...	11
	Pupils referred to Hospital Consultant	84

Prosthetics	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time) ...	—	—	—	—
Pupils supplied with other dentures (first time) ...	—	1	41	42
Number of dentures supplied ...	—	1	43	44

**Anaesthetics—General Anaesthetics administered by Dental Officers**      **54**

**Inspections :** (a) First inspection at school. Number of Pupils ... 5,135  
(b) First inspection at clinic. Number of Pupils ... 484  
Number of (a) + (b) found to require treatment ... 3,804  
Number of (a) + (b) offered treatment ... 3,078  
(c) Pupils re-inspected at school clinic ... 358  
Number of (c) found to require treatment ... 264

**Sessions—**Sessions devoted to treatment ... ... ... 1,024  
Sessions devoted to inspection ... ... ... 71  
Sessions devoted to Dental Health Education ... ... ... 109

## SCHOOL CLINICS, 1967

**REPORT OF WORK DONE BY THE ORTHOPAEDIC SISTER FOR  
THE YEAR 1967**

AREA	No. of Clinics held during Year	Attendances			No. of cases of Remedial Exercises Manipulation and Massage
		New Cases	Others	Total	
Aberaeron ...	12	23	44	67	40
Aberystwyth	47	64	149	213	164
Cardigan ...	9	22	42	64	49
Lampeter ...	47	34	111	145	128
Llandysul ...	1	2	3	5	—
Penrhiwllan ...	1	3	2	5	2
Tregaron ...	1	3	3	6	4
<b>TOTALS</b> ...	<b>118</b>	<b>151</b>	<b>354</b>	<b>505</b>	<b>387</b>

Attendances at Mr. MacFarlane's Clinic	...	44
Children seen	...	497
Attendances at Mr. R. L. Rees' Clinic	...	2
Children seen	...	7
No. of Hospital visits for shoe fitting	...	44

Schools Visited	No. of Children seen	Schools Visited	No. of Children seen
Lampeter Secondary	216	Dinas Secondary	393
Tregaron Secondary	196	Highmead Residential	171
Penyparc C.P.	2	Llanwenog V.P.	1
Ysgol Bronaeron	90	Llanwnen C.P.	1
Commins Coch C.P.	2		

In addition 450 domiciliary visits were carried out by the Orthopaedic Sister

HEALTH VISITORS/SCHOOL NURSES' REPORT ON SCHOOL WORK FOR THE  
YEAR ENDED 31st DECEMBER, 1967

District and name of Health Visitor	Name of School visited	No. of Times visited	No. of Children examined	No. found verminous	No. suffering from minor ailments
Penglais, Llanbadarn and Capel Bangor  Miss S. A. E. MORGAN	Commins Coch C.P.	17	250	4	5
	Trefeurig C.P.	5	27	2	3
	Cwmpadarn C.P.	10	134	—	2
	Goginan C.P.	9	43	—	7
	Penllwyn C.P.	9	108	—	2
	Ardwyn Grammar	24	561	—	38
	Ysgol Meithrin	1	—	—	—
	Total	75	1,123	6	57
Penparcau and Llanfarian  Mrs S. E. MORRIS	Capel Seion C.P.	11	93	—	—
	Llanilar C.P.	14	298	—	2
	Llanfihangel C.P.	11	154	—	2
	Llanafan C.P.	13	246	—	—
	Llanfarian C.P.	13	263	—	2
	Myfenydd V.P.	14	283	1	—
	Penparcau C.P.	15	1,137	—	14
	Penparcau Infts.	17	945	—	1
	Dinas Secondary	1	—	—	—
	Cwmpadarn C.P.	2	—	—	—
	Ardwyn Grammar	3	—	—	—
	Total	114	3,419	1	21
Aberystwyth Town Centre and Devil's Bridge  Miss C. HUGHES EVANS	Aberystwyth C.P.	41	904	—	—
	Mynach C.P.	17	222	—	—
	Ponterwyd C.P.	18	295	—	—
	Ysgol Gymraeg	30	722	—	—
	Dinas Secondary	8	—	—	—
	Eglwysfach C.P.	1	—	—	—
	Penrhyncoch V.P.	1	—	—	—
	Total	116	2,143	—	—
Rhydypennau Talybont and Glandyfi  Miss V. O. DAVIES	Borth C.P.	8	254	—	—
	Borth V.P.	10	88	—	1
	Eglwysfach C.P.	7	74	—	—
	Rhydypennau C.P.	7	265	—	—
	Taliesin C.P.	8	146	—	2
	Talybont C.P.	11	281	—	—
	Penrhyncoch V.P.	9	188	—	—
	Dinas Secondary	32	1,765	6	5
	Total	92	3,061	6	8
Llandysul  Mrs. E. A. V. WILLIAMS	Adpar C.P.	14	395	—	—
	Brongest C.P.	11	99	—	—
	Capel Cynon C.P.	14	298	—	—
	Capel Dewi C.P.	14	327	—	—
	Coedybrynn C.P.	10	193	—	—
	Cwrnewydd C.P.	12	329	—	—
	Llandysul C.P.	17	1,216	—	—
	Pontsiân C.P.	14	405	6	—
	Tregroes C.P.	14	416	—	—
	Trewen C.P.	14	484	1	—
	Aerbanc V.P.	13	538	—	—
	Llandygwydd V.P.	14	322	—	—
	Llanwenog V.P.	13	361	—	—
	Llandysul Grammar	10	849	—	—
	Total	184	6,232	7	—

**HEALTH VISITORS/SCHOOL NURSES' REPORT ON SCHOOL WORK—Continued**

District and name of Health Visitor	Names of Schools visited	No. of Times visited	No. of Children examined	No. found verminous	No. suffering from minor ailments
Cardigan	Cardigan C.P.	14	2,000	20	4
Miss D. M. DAVIES	Cardigan Infts.	14	1,335	16	3
	Llechryd C.P.	11	606	—	—
	Penyparc C.P.	12	794	1	—
	Verwig C.P.	11	314	—	—
	Llandygwydd V.P.	1	37	—	—
	Cardigan Secondary	13	1,123	3	3
	Total	76	6,209	40	10
Llangranog	Aberporth C.P.	10	776	—	—
Miss N. MORGAN	Beulah C.P.	8	182	—	—
	Blaenporth V.P.	9	277	—	—
	Caerwedros C.P.	8	130	—	—
	Glynarthen C.P.	5	103	—	—
	Gwenlli	10	117	—	—
	Llanllwchaearn C.P.	8	102	—	—
	Llanarth C.P.	10	216	—	1
	New Quay C.P.	9	263	—	—
	Penmorfa C.P.	10	181	—	—
	Pontgarreg C.P.	8	141	—	—
	Rhydlewis C.P.	7	116	—	—
	Talgarreg C.P.	8	153	—	—
	Total	110	2,757	—	1
Aberystwyth South	Bronant C.P.	14	267	—	10
Miss D. J. MORGAN	Brynherbert C.P.	16	287	—	13
	Bwlchyllan C.P.	12	121	—	6
	Cilcennin C.P.	16	322	—	9
	Cofadail C.P.	19	233	—	6
	Cross Inn C.P.	16	220	—	5
	Llangwyryfon C.P.	13	249	—	4
	Llanon C.P.	13	652	3	11
	Lledrod C.P.	14	171	—	3
	Penuwch C.P.	12	252	—	5
	Tanygarreg C.P.	12	198	—	5
	Trefilan V.P.	14	193	—	1
	Aberaeron Secondary	2	—	—	—
	Total	173	3,165	3	78
Aberaeron	Aberaeron C.P.	12	685	—	—
Miss E. A. MORGAN	Aberarth C.P.	12	290	—	3
	Blaenau C.P.	9	174	—	2
	Ciliau Parc C.P.	9	226	—	3
	Cribyn C.P.	23	797	8	3
	Dihewid C.P.	9	161	—	—
	Felinfach C.P.	11	428	—	3
	Mydroilyn C.P.	13	312	—	1
	Penlon C.P.	9	313	—	2
	Pennant C.P.	12	258	—	1
	Aberaeron Secondary	15	1,086	—	1
	Total	134	4,730	8	19

**HEALTH VISITORS/SCHOOL NURSES' REPORT ON SCHOOL WORK—Continued**

District and name of Health Visitors	Names of Schools visited	No. of Times visited	No. of Children examined	No. found verminous	No. suffering from minor ailments
Miss M. MORRIS	Bettws Bledrws V.P.	14	208	1	—
	Cellan C.P.	12	276	4	—
	Ffynnon Bedr C.P.	16	927	—	—
	Llanfair C.P.	15	290	—	7
	Llangybi C.P.	23	393	4	10
	Llanwnen C.P.	12	362	—	—
	Silian V.P.	13	272	1	1
	Ysgol Bronaeron	41	853	10	9
	Highmead Residential	5	254	3	5
	Lampeter Secondary	27	1,170	1	15
Total		178	5,005	24	47
Mrs. M. LEWIS	Gartheli C.P.	12	126	—	3
	Castell Flemish C.P.	7	36	—	—
	Llanddewi Brefi C.P.	14	311	—	—
	Llangeitho C.P.	14	389	—	1
	Pontrhydfendigaid C.P.	13	290	—	—
	Swyddffynnon C.P.	12	91	4	—
	Tregaron C.P.	15	683	—	—
	Ysbyt Ystwyth C.P.	14	226	—	—
	Tregaron Secondary	16	454	—	—
Total		117	2,606	4	4



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